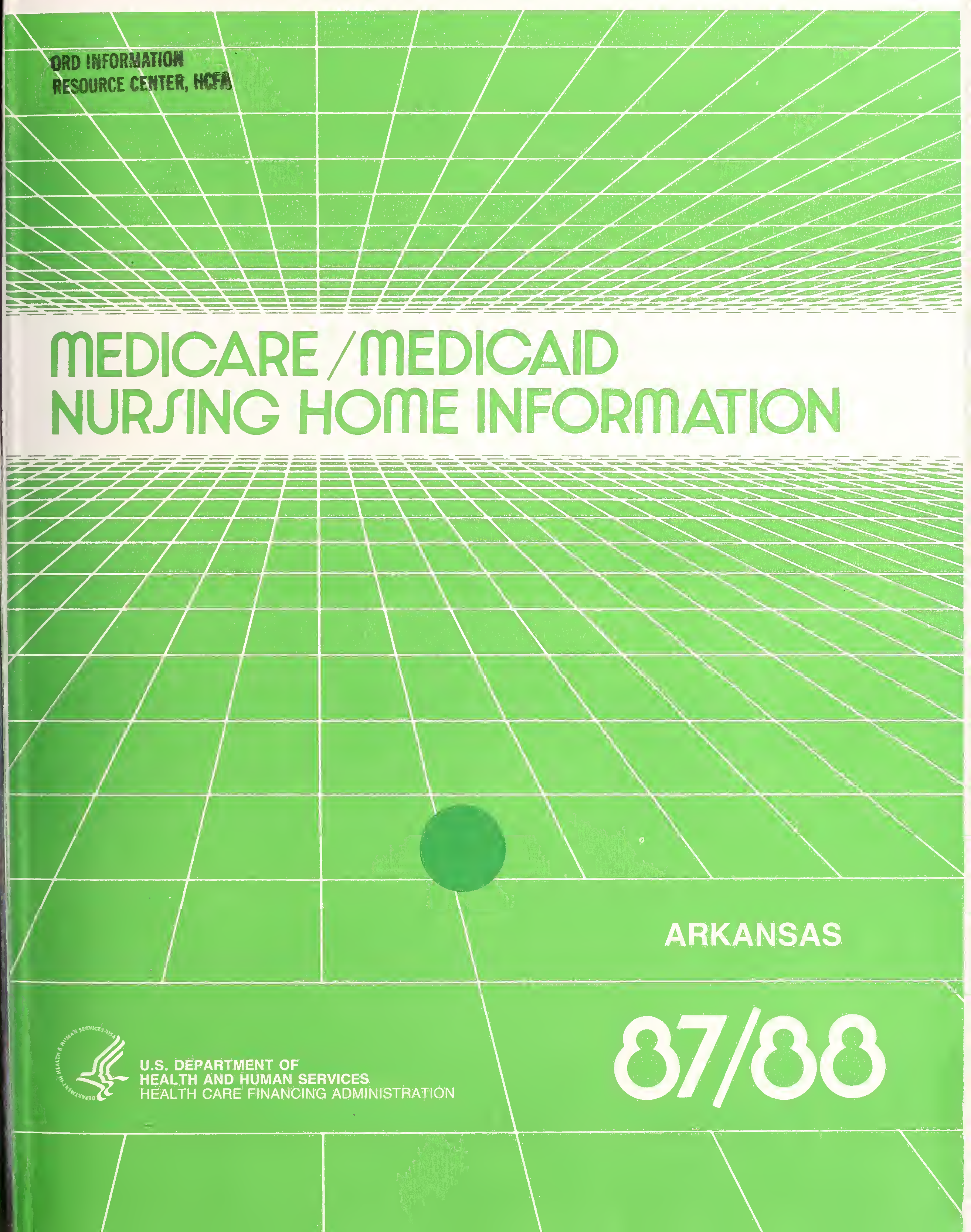
ORD INFORMATION
RESOURCE CENTER, HCFA



MEDICARE/MEDICAID NURSING HOME INFORMATION

ARKANSAS

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
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1988
Arkansas

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

ARKANSAS

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Arkansas Department of Human Services
Division of Economic and Medical Services

Seventh and Main Streets
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Bill Clinton
Governor

Walt Patterson
Director

Kenny Whitlock
Deputy Director

Nursing Home Licensure Program

The primary function of the Nursing Home Licensure Program is to ensure that patient quality of care is maintained and that federal and state laws, regulations, policies, etc. pertinent to patient care and licensure are complied with. Interdisciplinary, professional teams of registered nurses, dieticians, pharmacists, social work generalists and engineers are employed to carry out these functions through on-site inspections.

The Nursing Home Licensure Program is operated by the Division of Economic and Medical Services through the Office of Long Term Care. Within the Office of Long Term Care licensure requirements are carried out by the Survey and Certification Section.

Annual on-site inspections are made to ensure that each facility meets state licensure requirements and to ensure that providers are in compliance with all Medicaid certification standards in areas such as fire safety, staff training, nursing services, dietary services, etc. Facilities found to be deficient in one or more areas are required to provide a written plan of correction telling when and how all deficiencies will be corrected. Both deficiency reports and facility plans for correction are available to the public, and may prove useful in selecting a Nursing Home. Nursing Homes are required to post inspection reports for public information.

Overview of Enforcement System

Medicaid providers who have deficiencies which threaten the health and safety of patients are given 23 days to correct deficiencies or lose federal and state funding. In addition to the provider termination process, civil penalties may be assessed by the Director of the Office of Long Term Care against facilities for violations which:

- Create conditions which result in the death or serious harm to a facility resident or create conditions which create a substantial probability that death or serious physical harm to a resident will result.

- Create a condition which directly threatens the health, safety, or welfare of a resident.

- Are related to administrative and reporting requirements.

- Result from failure to timely submit a statistical and financial report to the Office of Long Term Care.

Civil penalties which may be imposed by the Director of the Office of Long Term Care range from $250.00 to $5000.00 depending on the seriousness and frequency of the violation.

"The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, handicap, sex, race, color or national origin."

Arkansas Department of Human Services
Division of Economic and Medical Services

Seventh and Main Streets
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Bill Clinton
Governor

Walt Patterson
Director

Kenny Whitlock
Deputy Director

Resources Available to Consumers

Survey agency, licensure department, complaint unit and source for obtaining nursing home survey results:

Certification and Licensure Section
Office of Long Term Care
Division of Economic and Medical Services
P. O. Box 1437, Mail Slot 400
408 Donaghey Bldg., 7th and Main Streets
Little Rock, Arkansas 72203 Phone No. (501) 682-8430

The Medicaid Certification and Licensure Section performs facility certification surveys, provides nursing home survey results, licenses all nursing homes in the state, and receives and investigates complaints filed against nursing homes.

Ombudsman program:

DHS Division of Aging and Adult Services
P. O. Box 1437, Mail Slot 1412
1417 Donaghey Bldg., 7th and Main Streets
Little Rock, Arkansas 72203 Phone No. (501) 682-2441
Ombudsman (501) 682-8521

The Division of Aging and Adult Services operates the State Long Term Care Ombudsman program. The Ombudsman program acts on behalf of facility residents to protect the rights of residents, to increase the responsiveness of caregivers, and to improve the quality of life by investigating and resolving resident grievances and by working with institutions, other organizations, and other agencies.

Medicaid fraud and abuse unit:

Medicaid Fraud Division
Attorney General's Office
201 East Markham Street
Little Rock, Arkansas 72201 Phone No. (501) 682-7760

The Attorney General's Medicaid Fraud Division investigates allegations of fraud by Medicaid Certified health care providers and investigates allegations of recipient abuse and/or neglect in Certified Medicaid facilities.

"The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, handicap, sex, race, color or national origin."

BILL CLINTON
GOVERNOR

Arkansas **DEPARTMENT OF HEALTH**

4815 WEST MARKHAM STREET • LITTLE ROCK, ARKANSAS 72205
TELEPHONE AC 501 661-2000

M JOYCELYN ELDERS, M.D.
DIRECTOR

Arkansas, recognizing the need of hospital inpatients who are not in an acute care phase of illness but who require convalescent and/or restorative services, now have the option of being admitted to a hospital based Recuperation Center.

An individual who has been a Medicare (Title XVIII) inpatient in a hospital for at least three (3) days may be admitted to a hospital based Recuperation Center by his or her physician in order to further the healing process.

The hospital based Recuperation Center is beneficial to the patient, the attending physician, the family of the patient, the hospital, and third party payers. The patient does not have to leave the physical location while continuing to receive services by his or her physician while convalescing or receiving restorative services.

Currently Arkansas has twenty-six (26) hospital based Recuperation Centers:

Stuttgart Memorial Hospital
Baxter County Regional Hospital
St. Mary-Rogers Memorial Hospital
North Arkansas Medical Center
Magnolia Hospital
Conway County Hospital
Conway Regional Hospital, Inc.
Fulton County Hospital
National Park Medical Center
Medical Park Hospital
Hot Spring Co. Memorial Hospital
Howard Memorial Hospital
Harris Hospital and Clinic
Jefferson Regional Medical Center
WRMC - Grays
St. Michael Hospital of Texarkana
Mississippi Co. Hospital-Blytheville
Southwest Medical Center
Ouachita County Hospital
Helena Hospital Association
St. Mary's Regional Medical Center
St. Vincent Infirmary Medical Center
Warner Brown Hospital
Washington Regional Medical Center
Central Arkansas Hospital
White County Memorial Hospital

Hospital based Recuperation Centers are licensed and surveyed by health care professionals of the Division of Health Facility Services on an annual basis with follow-up visits as needed. Additional information and questions may be directed to the Director at the above address or telephone (501) 661-2201.

"An Equal Opportunity Employer"

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER

Street Address: P O BOX 278	**City and State:** ARKADELPHIA AR 71923

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	85.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	61	87.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	70.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	68.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	75.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	3	4.3	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	35.7	30.1	29.3
Completely bedfast residents.	3	4.3	2.3	3.6
Residents confined to chairs.	41	58.6	37.8	39.1
Residents requiring restraints.	20	28.6	26.2	31.7
Confused or disoriented residents.	66	94.3	64.3	55.8
Residents with bed sores.	4	5.7	4.0	4.7
Residents receiving special skin care.	17	24.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERWOOD CONVALESCENT HOME

Street Address: 102 CADDO STREET	**City and State:** ARKADELPHIA AR 71923

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 5	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	62.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	75	74.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	63	62.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	66.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	62.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	30.7	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	46	45.5	46.0	50.8
Residents requiring restraints.	35	34.7	32.3	41.3
Confused or disoriented residents.	75	74.3	62.2	58.4
Residents with bed sores.	4	4.0	5.5	7.1
Residents receiving special skin care.	18	17.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASH FLAT CONVALESCENT CTR

Street Address: STAR ROUTE BOX 5A	**City and State:** ASH FLAT AR 72513

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	50.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	84	80.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	79	76.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	76.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	72.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	33.7	43.3	37.7
Completely bedfast residents.	3	2.9	4.3	3.4
Residents confined to chairs.	24	23.1	46.0	50.8
Residents requiring restraints.	38	36.5	32.3	41.3
Confused or disoriented residents.	68	65.4	62.2	58.4
Residents with bed sores.	2	1.9	5.5	7.1
Residents receiving special skin care.	11	10.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE RIVER NURSING HOME

Street Address: 5TH AND LOCKE BOX 577		**City and State:** ASHDOWN AR 71822	
Participation: MEDICAID ICF	**# of Beds:** 76	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	77.6	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	55	72.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	65.8	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	59.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	78.9	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	43.4	30.1	29.3
Completely bedfast residents.	12	15.8	2.3	3.6
Residents confined to chairs.	29	38.2	37.8	39.1
Residents requiring restraints.	16	21.1	26.2	31.7
Confused or disoriented residents.	23	30.3	64.3	55.8
Residents with bed sores.	2	2.6	4.0	4.7
Residents receiving special skin care.	41	53.9	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT MANOR N H

Street Address: 750 S LOCUST ST	**City and State:** ASHDOWN AR 71822

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	33.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	38	70.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	57.4	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	57.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	57.4	57.4	59.1
Residents on individually written bowel and bladder retraining program.	4	7.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	35.2	30.1	29.3
Completely bedfast residents.	2	3.7	2.3	3.6
Residents confined to chairs.	22	40.7	37.8	39.1
Residents requiring restraints.	16	29.6	26.2	31.7
Confused or disoriented residents.	22	40.7	64.3	55.8
Residents with bed sores.	1	1.9	4.0	4.7
Residents receiving special skin care.	2	3.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATKINS NURSING CENTER

Street Address: 605 N WEST 7TH STREET	**City and State:** ATKINS AR 72823

Participation: MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	36	72.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	74.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	62.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	10.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	28	56.0	46.0	50.8
Residents requiring restraints.	25	50.0	32.3	41.3
Confused or disoriented residents.	35	70.0	62.2	58.4
Residents with bed sores.	2	4.0	5.5	7.1
Residents receiving special skin care.	4	8.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INTERMED OF BATESVILLE

Street Address: P O BOX 2698	**City and State:** BATESVILLE AR 72501

Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 0	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	92.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	91	67.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	66	48.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	58.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	56.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	35.6	43.3	37.7
Completely bedfast residents.	10	7.4	4.3	3.4
Residents confined to chairs.	36	26.7	46.0	50.8
Residents requiring restraints.	11	8.1	32.3	41.3
Confused or disoriented residents.	60	44.4	62.2	58.4
Residents with bed sores.	3	2.2	5.5	7.1
Residents receiving special skin care.	6	4.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOD LAWN INC

Street Address: 2901 NEELY ST	**City and State:** BATESVILLE AR 72501

Participation: MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	68.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	90	74.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	77	63.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	65.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	58.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	7	5.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	33.9	43.3	37.7
Completely bedfast residents.	4	3.3	4.3	3.4
Residents confined to chairs.	73	60.3	46.0	50.8
Residents requiring restraints.	34	28.1	32.3	41.3
Confused or disoriented residents.	57	47.1	62.2	58.4
Residents with bed sores.	3	2.5	5.5	7.1
Residents receiving special skin care.	11	9.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONCORDIA CARE CENTER

Street Address: 7 PROFESSIONAL DR	**City and State:** BELLA VISTA AR 72714

Participation: MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	77.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	47	63.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	45.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	59.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	47.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	32.4	43.3	37.7
Completely bedfast residents.	2	2.7	4.3	3.4
Residents confined to chairs.	34	45.9	46.0	50.8
Residents requiring restraints.	31	41.9	32.3	41.3
Confused or disoriented residents.	29	39.2	62.2	58.4
Residents with bed sores.	4	5.4	5.5	7.1
Residents receiving special skin care.	5	6.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENTON SERVICES CENTER SNF

Street Address: SERVICES CENTER BRANCH	**City and State:** BENTON AR 72015

Participation: MEDICAID SNF	**# of Beds:** 112	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	95.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	101	98.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	96	93.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	95.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	95.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	12	11.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	65.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	96	93.2	46.0	50.8
Residents requiring restraints.	60	58.3	32.3	41.3
Confused or disoriented residents.	56	54.4	62.2	58.4
Residents with bed sores.	4	3.9	5.5	7.1
Residents receiving special skin care.	49	47.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY INN NURSING CTR

Street Address: P O BOX 999	**City and State:** BENTON AR 72015

Participation: MEDICAID ICF	**# of Beds:** 213	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	**Medicare Residents:** 0	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	48.6	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	92	66.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	93	67.4	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	16.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	42.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	5	3.6	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	11.6	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	20	14.5	37.8	39.1
Residents requiring restraints.	18	13.0	26.2	31.7
Confused or disoriented residents.	96	69.6	64.3	55.8
Residents with bed sores.	3	2.2	4.0	4.7
Residents receiving special skin care.	3	2.2	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF BENTON

Street Address: 3300 MILITARY ROAD	**City and State:** BENTON AR 72015

Participation: MEDICAID SNF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	95.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	94	91.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	65	63.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	68.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	60.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	39.8	43.3	37.7
Completely bedfast residents.	19	18.4	4.3	3.4
Residents confined to chairs.	29	28.2	46.0	50.8
Residents requiring restraints.	10	9.7	32.3	41.3
Confused or disoriented residents.	95	92.2	62.2	58.4
Residents with bed sores.	4	3.9	5.5	7.1
Residents receiving special skin care.	103	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF BENTON II

Street Address: 809 KENWOOD ROAD	**City and State:** BENTON AR 72015

Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	71.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	83	62.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	78	58.6	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	55.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	45.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	3	2.3	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	45	33.8	30.1	29.3
Completely bedfast residents.	5	3.8	2.3	3.6
Residents confined to chairs.	54	40.6	37.8	39.1
Residents requiring restraints.	32	24.1	26.2	31.7
Confused or disoriented residents.	56	42.1	64.3	55.8
Residents with bed sores.	6	4.5	4.0	4.7
Residents receiving special skin care.	21	15.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENTONVILLE MANOR

Street Address: 224 SOUTH MAIN STREET	**City and State:** BENTONVILLE AR 72712

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	84.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	49	76.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	42	65.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	78.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	79.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	37.5	43.3	37.7
Completely bedfast residents.	3	4.7	4.3	3.4
Residents confined to chairs.	37	57.8	46.0	50.8
Residents requiring restraints.	16	25.0	32.3	41.3
Confused or disoriented residents.	51	79.7	62.2	58.4
Residents with bed sores.	7	10.9	5.5	7.1
Residents receiving special skin care.	8	12.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERRYVILLE HEALTH CARE CENTER

Street Address:	**City and State:**
SIMPSON AVENUE	BERRYVILLE AR 72616

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	52	PROPRIETARY	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	75.6	74.9	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	75.6	74.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	62.2	61.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	62.2	59.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	62.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	4.4	4.5	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.8	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	17	37.8	37.8	39.1
Residents requiring restraints.	9	20.0	26.2	31.7
Confused or disoriented residents.	3	6.7	64.3	55.8
Residents with bed sores.	4	8.9	4.0	4.7
Residents receiving special skin care.	0	0.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLYTHEVILLE NURSING CENTER

Street Address: 1400 NORTH DIVISION		**City and State:** BLYTHEVILLE AR 72315	
Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	83.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	71	83.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	59	69.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	62.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	67.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	30.6	43.3	37.7
Completely bedfast residents.	10	11.8	4.3	3.4
Residents confined to chairs.	47	55.3	46.0	50.8
Residents requiring restraints.	21	24.7	32.3	41.3
Confused or disoriented residents.	69	81.2	62.2	58.4
Residents with bed sores.	1	1.2	5.5	7.1
Residents receiving special skin care.	10	11.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEITH ACRES

Street Address: 112 W CLINTON STREET		**City and State:** BLYTHEVILLE AR 72315	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	67.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	34	79.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	41.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	25.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	72.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	14.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	6	14.0	37.8	39.1
Residents requiring restraints.	5	11.6	26.2	31.7
Confused or disoriented residents.	35	81.4	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	14.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSISSIPPI CO HOSP BLYTHEVILLE SNF

Street Address: DIVISION AND HIGHLAND STREETS	**City and State:** BLYTHEVILLE AR 72315

Participation: MEDICARE SNF	**# of Beds:** 168	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	0	0.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSISSIPPI CTY NH

Street Address: 1501 NORTH 10TH ST		**City and State:** BLYTHEVILLE AR 72315	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	52.2	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	50	72.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	65.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	63.8	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	62.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	15.9	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	33	47.8	37.8	39.1
Residents requiring restraints.	5	7.2	26.2	31.7
Confused or disoriented residents.	39	56.5	64.3	55.8
Residents with bed sores.	4	5.8	4.0	4.7
Residents receiving special skin care.	12	17.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW MANOR NH

Street Address: 710 N RUDDLE		**City and State:** BLYTHEVILLE AR 72315	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	84.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	38	84.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	57.8	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	57.8	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	55.6	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	37.8	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	17	37.8	37.8	39.1
Residents requiring restraints.	15	33.3	26.2	31.7
Confused or disoriented residents.	35	77.8	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK MANOR NURSING CENTER INC

Street Address: RT 4 BOX 170	**City and State:** BOONEVILLE AR 72927

Participation: MEDICAID ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	66.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	96	83.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	83	72.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	83.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	72.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	3	2.6	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	30.4	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	44	38.3	37.8	39.1
Residents requiring restraints.	41	35.7	26.2	31.7
Confused or disoriented residents.	63	54.8	64.3	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	1	0.9	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLA CLIFF NURSING HOME

Street Address: NORTH HWY 49 BOX 671	**City and State:** BRINKLEY AR 72021

Participation: MEDICAID ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	72.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	51	67.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	56.6	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	52.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	44.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	31.6	30.1	29.3
Completely bedfast residents.	1	1.3	2.3	3.6
Residents confined to chairs.	33	43.4	37.8	39.1
Residents requiring restraints.	17	22.4	26.2	31.7
Confused or disoriented residents.	16	21.1	64.3	55.8
Residents with bed sores.	3	3.9	4.0	4.7
Residents receiving special skin care.	5	6.6	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH HOME

Street Address: 509 S NEW YORK		**City and State:** BRINKLEY AR 72021	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	55.6	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	19	70.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	48.1	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	44.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	63.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	14.8	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	10	37.0	37.8	39.1
Residents requiring restraints.	8	29.6	26.2	31.7
Confused or disoriented residents.	12	44.4	64.3	55.8
Residents with bed sores.	1	3.7	4.0	4.7
Residents receiving special skin care.	1	3.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CABOT MANOR NURSING HOME INC

Street Address: 615 WEST MAIN STREET	**City and State:** CABOT AR 72023

Participation: MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	92.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	69	92.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	80.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	76.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	80.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	6	8.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	53.3	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	51	68.0	46.0	50.8
Residents requiring restraints.	47	62.7	32.3	41.3
Confused or disoriented residents.	47	62.7	62.2	58.4
Residents with bed sores.	1	1.3	5.5	7.1
Residents receiving special skin care.	70	93.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE RIVER CONV HOME INC

Street Address: BOX 408	**City and State:** CALICO ROCK AR 72519

Participation: MEDICAID SNF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	97.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	80	87.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	73	80.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	65.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	69.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	46.2	43.3	37.7
Completely bedfast residents.	1	1.1	4.3	3.4
Residents confined to chairs.	51	56.0	46.0	50.8
Residents requiring restraints.	35	38.5	32.3	41.3
Confused or disoriented residents.	80	87.9	62.2	58.4
Residents with bed sores.	16	17.6	5.5	7.1
Residents receiving special skin care.	62	68.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: 515 BRUCE STREET		**City and State:** CAMDEN AR 71701	
Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	90.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	46	70.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	63.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	35.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	44.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	18.5	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	21	32.3	46.0	50.8
Residents requiring restraints.	18	27.7	32.3	41.3
Confused or disoriented residents.	63	96.9	62.2	58.4
Residents with bed sores.	3	4.6	5.5	7.1
Residents receiving special skin care.	2	3.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: 900 MAGNOLIA ROAD	**City and State:** CAMDEN AR 71701

Participation: MEDICAID SNF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	63	63.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	51	51.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	58.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	57.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.3	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	56	56.6	46.0	50.8
Residents requiring restraints.	42	42.4	32.3	41.3
Confused or disoriented residents.	69	69.7	62.2	58.4
Residents with bed sores.	12	12.1	5.5	7.1
Residents receiving special skin care.	32	32.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONGMEADOW NURSING HOME

Street Address: ROUTE 1 BOX 843		**City and State:** CAMDEN AR 71701	
Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	78.6	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	42	75.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	55.4	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	58.9	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	50.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	25.0	30.1	29.3
Completely bedfast residents.	1	1.8	2.3	3.6
Residents confined to chairs.	19	33.9	37.8	39.1
Residents requiring restraints.	11	19.6	26.2	31.7
Confused or disoriented residents.	27	48.2	64.3	55.8
Residents with bed sores.	6	10.7	4.0	4.7
Residents receiving special skin care.	0	0.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUACHITA CO HOSPITAL SNF

Street Address: 638 CALIFORNIA AVE	**City and State:** CAMDEN AR 71701

Participation: MEDICARE SNF	**# of Beds:** 140	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUACHITA CONVALESCENT CENTER INC

Street Address: 1411 COUNTRY CLUB RD		**City and State:** CAMDEN AR 71701	
Participation: MEDICAID SNF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	51.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	83	60.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	83	60.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	60.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	60.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	24.1	43.3	37.7
Completely bedfast residents.	3	2.2	4.3	3.4
Residents confined to chairs.	48	35.0	46.0	50.8
Residents requiring restraints.	16	11.7	32.3	41.3
Confused or disoriented residents.	120	87.6	62.2	58.4
Residents with bed sores.	10	7.3	5.5	7.1
Residents receiving special skin care.	27	19.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANES REST HOME INC

Street Address: P O BOX 519	**City and State:** CARAWAY AR 72419

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	82.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	32	82.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	82.1	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	82.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	38.5	30.1	29.3
Completely bedfast residents.	4	10.3	2.3	3.6
Residents confined to chairs.	4	10.3	37.8	39.1
Residents requiring restraints.	10	25.6	26.2	31.7
Confused or disoriented residents.	5	12.8	64.3	55.8
Residents with bed sores.	1	2.6	4.0	4.7
Residents receiving special skin care.	2	5.1	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAMBERS NH

Street Address: RT 1 BOX 234		**City and State:** CARLISLE AR 72024	
Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	86.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	30	60.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	44.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	66.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	16.0	30.1	29.3
Completely bedfast residents.	3	6.0	2.3	3.6
Residents confined to chairs.	14	28.0	37.8	39.1
Residents requiring restraints.	9	18.0	26.2	31.7
Confused or disoriented residents.	11	22.0	64.3	55.8
Residents with bed sores.	2	4.0	4.0	4.7
Residents receiving special skin care.	14	28.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
J W COMER NURSING HOME

Street Address: RT 1 BOX 231	**City and State:** CARLISLE AR 72024

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	66.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	9	60.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	1	6.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	6.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	13.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	1	6.7	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	0	0.0	37.8	39.1
Residents requiring restraints.	0	0.0	26.2	31.7
Confused or disoriented residents.	3	20.0	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	4	26.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZIMMERMAN NH INC

Street Address: RT 1 BOX 14	**City and State:** CARLISLE AR 72024

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	78.9	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	32	84.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	76.3	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	52.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	92.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	31.6	30.1	29.3
Completely bedfast residents.	1	2.6	2.3	3.6
Residents confined to chairs.	14	36.8	37.8	39.1
Residents requiring restraints.	10	26.3	26.2	31.7
Confused or disoriented residents.	34	89.5	64.3	55.8
Residents with bed sores.	2	5.3	4.0	4.7
Residents receiving special skin care.	34	89.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARTHAGE NH

Street Address: BOX 35 HWY 48 WEST	**City and State:** CARTHAGE AR 71725

Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	67.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	55	75.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	42.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	34.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	42.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	8.2	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	13	17.8	37.8	39.1
Residents requiring restraints.	0	0.0	26.2	31.7
Confused or disoriented residents.	41	56.2	64.3	55.8
Residents with bed sores.	2	2.7	4.0	4.7
Residents receiving special skin care.	8	11.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENHURST INC

Street Address: BOX 458	**City and State:** CHARLESTON AR 72933

Participation: MEDICAID SNF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	76.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	56	77.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	73.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	72.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	63.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	5.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	45.8	43.3	37.7
Completely bedfast residents.	3	4.2	4.3	3.4
Residents confined to chairs.	40	55.6	46.0	50.8
Residents requiring restraints.	22	30.6	32.3	41.3
Confused or disoriented residents.	38	52.8	62.2	58.4
Residents with bed sores.	3	4.2	5.5	7.1
Residents receiving special skin care.	15	20.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARKSVILLE CONVALESCENT HOME

Street Address: 400 OAK COURT STREET		**City and State:** CLARKSVILLE AR 72830	
Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	68.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	75	72.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	63	61.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	48.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	58.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	40.8	43.3	37.7
Completely bedfast residents.	4	3.9	4.3	3.4
Residents confined to chairs.	45	43.7	46.0	50.8
Residents requiring restraints.	66	64.1	32.3	41.3
Confused or disoriented residents.	76	73.8	62.2	58.4
Residents with bed sores.	14	13.6	5.5	7.1
Residents receiving special skin care.	11	10.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MICKEL NH

Street Address: HWY 64 EAST	**City and State:** CLARKSVILLE AR 72830

Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	95.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	62	93.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	59	89.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	87.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	62.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	48.5	43.3	37.7
Completely bedfast residents.	7	10.6	4.3	3.4
Residents confined to chairs.	43	65.2	46.0	50.8
Residents requiring restraints.	33	50.0	32.3	41.3
Confused or disoriented residents.	48	72.7	62.2	58.4
Residents with bed sores.	1	1.5	5.5	7.1
Residents receiving special skin care.	19	28.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VAN BUREN COUNTY NURSING HOME

Street Address: ROUTE 1		**City and State:** CLINTON AR 72031	
Participation: MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	52.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	65	67.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	56	58.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	52.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	56.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	9	9.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.8	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	40	41.7	46.0	50.8
Residents requiring restraints.	20	20.8	32.3	41.3
Confused or disoriented residents.	46	47.9	62.2	58.4
Residents with bed sores.	2	2.1	5.5	7.1
Residents receiving special skin care.	9	9.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEANS NURSING HOME

Street Address: P O BOX 720	**City and State:** COLLEGE STATION AR 72053

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	56.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	84	82.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	55.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	44.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	55.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	34.3	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	30	29.4	46.0	50.8
Residents requiring restraints.	31	30.4	32.3	41.3
Confused or disoriented residents.	102	100	62.2	58.4
Residents with bed sores.	2	2.0	5.5	7.1
Residents receiving special skin care.	20	19.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONWAY REGIONAL HOSPITAL INC SNF

Street Address: COLLEGE AND WESTERN AVE	**City and State:** CONWAY AR 72032

Participation: MEDICARE SNF	**# of Beds:** 116	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAULKNER NURSING CTR

Street Address: ROUTE 5 BOX 431		**City and State:** CONWAY AR 72032	
Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	89.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	74	74.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	66	66.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	49.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	69.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	26.0	43.3	37.7
Completely bedfast residents.	6	6.0	4.3	3.4
Residents confined to chairs.	46	46.0	46.0	50.8
Residents requiring restraints.	28	28.0	32.3	41.3
Confused or disoriented residents.	60	60.0	62.2	58.4
Residents with bed sores.	3	3.0	5.5	7.1
Residents receiving special skin care.	38	38.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE CENTER

Street Address: 619 CENTER ST	**City and State:** CONWAY AR 72032

Participation: MEDICAID ICF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	92.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	53	100	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	53	100	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	77.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	100	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	30.2	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	38	71.7	37.8	39.1
Residents requiring restraints.	30	56.6	26.2	31.7
Confused or disoriented residents.	48	90.6	64.3	55.8
Residents with bed sores.	2	3.8	4.0	4.7
Residents receiving special skin care.	7	13.2	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSONS MEADOWLAKE HOME INC

Street Address: RT 5 BOX 1203		**City and State:** CONWAY AR 72032	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	61.8	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	44	64.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	39	57.4	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	58.8	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	48.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	7	10.3	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	36.8	30.1	29.3
Completely bedfast residents.	2	2.9	2.3	3.6
Residents confined to chairs.	21	30.9	37.8	39.1
Residents requiring restraints.	9	13.2	26.2	31.7
Confused or disoriented residents.	33	48.5	64.3	55.8
Residents with bed sores.	5	7.4	4.0	4.7
Residents receiving special skin care.	8	11.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK GROVE NURSING HOME

Street Address: 824 SALEM RD		**City and State:** CONWAY AR 72032	
Participation: MEDICAID ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	89.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	91	78.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	80	69.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	61.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	56.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	14	12.1	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	31.0	30.1	29.3
Completely bedfast residents.	3	2.6	2.3	3.6
Residents confined to chairs.	10	8.6	37.8	39.1
Residents requiring restraints.	31	26.7	26.2	31.7
Confused or disoriented residents.	46	39.7	64.3	55.8
Residents with bed sores.	10	8.6	4.0	4.7
Residents receiving special skin care.	20	17.2	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORNING NURSING HOME

Street Address: 100 W 5TH AND WALNUT	**City and State:** CORNING AR 72422

Participation: MEDICAID ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	89.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	83	80.6	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	73	70.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	70.9	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	63.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	32.0	30.1	29.3
Completely bedfast residents.	1	1.0	2.3	3.6
Residents confined to chairs.	36	35.0	37.8	39.1
Residents requiring restraints.	25	24.3	26.2	31.7
Confused or disoriented residents.	47	45.6	64.3	55.8
Residents with bed sores.	6	5.8	4.0	4.7
Residents receiving special skin care.	82	79.6	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: 1101 WATERWELL		**City and State:** CROSSETT AR 71635	
Participation: MEDICAID SNF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	97.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	64	81.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	72.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	68.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	79.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	36.7	43.3	37.7
Completely bedfast residents.	11	13.9	4.3	3.4
Residents confined to chairs.	20	25.3	46.0	50.8
Residents requiring restraints.	24	30.4	32.3	41.3
Confused or disoriented residents.	52	65.8	62.2	58.4
Residents with bed sores.	5	6.3	5.5	7.1
Residents receiving special skin care.	18	22.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MITCHELLS NURSING HOME INC

Street Address: BOX 518 W 10TH ST	**City and State:** DANVILLE AR 72833

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	66.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	78	84.8	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	60	65.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	65.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	72.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	32.6	30.1	29.3
Completely bedfast residents.	2	2.2	2.3	3.6
Residents confined to chairs.	34	37.0	37.8	39.1
Residents requiring restraints.	17	18.5	26.2	31.7
Confused or disoriented residents.	53	57.6	64.3	55.8
Residents with bed sores.	2	2.2	4.0	4.7
Residents receiving special skin care.	38	41.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DARDANELLE NURSING CENTER

Street Address: 510 WEST GREEN STREET	**City and State:** DARDANELLE AR 72834

Participation: MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	78	86.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	56	62.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	53.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	56.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	7	7.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	44.4	43.3	37.7
Completely bedfast residents.	1	1.1	4.3	3.4
Residents confined to chairs.	40	44.4	46.0	50.8
Residents requiring restraints.	35	38.9	32.3	41.3
Confused or disoriented residents.	51	56.7	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	5	5.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEVIEW LODGE NH

Street Address: HWY 70 W BOX 71		**City and State:** DE QUEEN AR 71832	
Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	64.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	64	71.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	56.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	52.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	37.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	46.7	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	24	26.7	37.8	39.1
Residents requiring restraints.	29	32.2	26.2	31.7
Confused or disoriented residents.	56	62.2	64.3	55.8
Residents with bed sores.	8	8.9	4.0	4.7
Residents receiving special skin care.	4	4.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEWITT CITY NURSING HOME

Street Address: P O BOX 428	**City and State:** DE WITT AR 72042

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	73.6	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	42	79.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	81.1	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	96.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	28.3	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	30	56.6	37.8	39.1
Residents requiring restraints.	29	54.7	26.2	31.7
Confused or disoriented residents.	52	98.1	64.3	55.8
Residents with bed sores.	1	1.9	4.0	4.7
Residents receiving special skin care.	53	100	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEQUEEN MANOR NURSING CENTER

Street Address: 1020 N 13TH	**City and State:** DEQUEEN AR 71832

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	96.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	69	65.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	67.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	66.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	56.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	18	17.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	43.8	43.3	37.7
Completely bedfast residents.	4	3.8	4.3	3.4
Residents confined to chairs.	65	61.9	46.0	50.8
Residents requiring restraints.	38	36.2	32.3	41.3
Confused or disoriented residents.	100	95.2	62.2	58.4
Residents with bed sores.	6	5.7	5.5	7.1
Residents receiving special skin care.	31	29.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DES ARC CONVALESCENT CENTER

Street Address: RT 2 BOX 143B	**City and State:** DES ARC AR 72040

Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	88.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	55	69.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	63.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	82.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	62.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	19.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	52	65.8	46.0	50.8
Residents requiring restraints.	32	40.5	32.3	41.3
Confused or disoriented residents.	42	53.2	62.2	58.4
Residents with bed sores.	6	7.6	5.5	7.1
Residents receiving special skin care.	15	19.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: P O BOX 589 HWY 165	**City and State:** DEWITT AR 72042

Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	63.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	61	64.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	64.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	58.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	66.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	41.1	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	48	50.5	46.0	50.8
Residents requiring restraints.	28	29.5	32.3	41.3
Confused or disoriented residents.	59	62.1	62.2	58.4
Residents with bed sores.	8	8.4	5.5	7.1
Residents receiving special skin care.	10	10.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUMAS NURSING CENTER

Street Address: 960 E BOWLES	**City and State:** DUMAS AR 71639

Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	78.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	57	77.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	48	64.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	64.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	41.9	43.3	37.7
Completely bedfast residents.	9	12.2	4.3	3.4
Residents confined to chairs.	30	40.5	46.0	50.8
Residents requiring restraints.	23	31.1	32.3	41.3
Confused or disoriented residents.	45	60.8	62.2	58.4
Residents with bed sores.	9	12.2	5.5	7.1
Residents receiving special skin care.	11	14.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST MANOR NURSING CENTER

Street Address: 100 HARGETT DR	**City and State:** EL DORADO AR 71730

Participation: MEDICAID SNF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	74.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	52	65.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	35	44.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	68.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	38.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	15.2	43.3	37.7
Completely bedfast residents.	3	3.8	4.3	3.4
Residents confined to chairs.	20	25.3	46.0	50.8
Residents requiring restraints.	10	12.7	32.3	41.3
Confused or disoriented residents.	56	70.9	62.2	58.4
Residents with bed sores.	7	8.9	5.5	7.1
Residents receiving special skin care.	8	10.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSBORO NURSING HOME

Street Address: 1700 SHORT EAST HILLSBORO	**City and State:** EL DORADO AR 71730

Participation: MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	78	96.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	65	80.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	76.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	71.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	18	22.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	66.7	43.3	37.7
Completely bedfast residents.	13	16.0	4.3	3.4
Residents confined to chairs.	40	49.4	46.0	50.8
Residents requiring restraints.	25	30.9	32.3	41.3
Confused or disoriented residents.	65	80.2	62.2	58.4
Residents with bed sores.	3	3.7	5.5	7.1
Residents receiving special skin care.	81	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUDSON MEM NURSING HOME

Street Address: 700 N COLLEGE	**City and State:** EL DORADO AR 71730

Participation: MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	92.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	100	92.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	72.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	73.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	94.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	35.2	43.3	37.7
Completely bedfast residents.	3	2.8	4.3	3.4
Residents confined to chairs.	40	37.0	46.0	50.8
Residents requiring restraints.	37	34.3	32.3	41.3
Confused or disoriented residents.	53	49.1	62.2	58.4
Residents with bed sores.	10	9.3	5.5	7.1
Residents receiving special skin care.	23	21.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK RIDGE NURSING HOME

Street Address: GRIFFIN AND LEO	**City and State:** EL DORADO AR 71730

Participation: MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	74.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	157	87.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	114	63.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	75.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	53.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	32.8	43.3	37.7
Completely bedfast residents.	1	0.6	4.3	3.4
Residents confined to chairs.	82	45.6	46.0	50.8
Residents requiring restraints.	57	31.7	32.3	41.3
Confused or disoriented residents.	166	92.2	62.2	58.4
Residents with bed sores.	11	6.1	5.5	7.1
Residents receiving special skin care.	12	6.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WARNER BROWN HOSPITAL SNF

Street Address: 460 WEST OAK	**City and State:** EL DORADO AR 71730

Participation: MEDICARE SNF	**# of Beds:** 169	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	100	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENGLAND MANOR NURSING HOME

Street Address: 516 N E 4TH	**City and State:** ENGLAND AR 72046

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	63.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	46	85.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	74.1	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	81.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	81.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	37.0	30.1	29.3
Completely bedfast residents.	1	1.9	2.3	3.6
Residents confined to chairs.	31	57.4	37.8	39.1
Residents requiring restraints.	19	35.2	26.2	31.7
Confused or disoriented residents.	54	100	64.3	55.8
Residents with bed sores.	5	9.3	4.0	4.7
Residents receiving special skin care.	5	9.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENGLAND NURSING CENTER

Street Address: 416 REST AVENUE P O BOX 146	**City and State:** ENGLAND AR 72046

Participation: MEDICAID ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	35.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	30	75.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	9	22.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	50.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	57.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	10.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	7	17.5	37.8	39.1
Residents requiring restraints.	6	15.0	26.2	31.7
Confused or disoriented residents.	14	35.0	64.3	55.8
Residents with bed sores.	1	2.5	4.0	4.7
Residents receiving special skin care.	13	32.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EUREKA SPRINGS CONVALESCENT CENTER

Street Address: RT 1 BOX 23 HWY 23 SOUTH	**City and State:** EUREKA SPRINGS AR 72632

Participation: MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	28.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	59	70.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	61.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	64.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	61.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	9.5	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	21	25.0	46.0	50.8
Residents requiring restraints.	31	36.9	32.3	41.3
Confused or disoriented residents.	62	73.8	62.2	58.4
Residents with bed sores.	5	6.0	5.5	7.1
Residents receiving special skin care.	37	44.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APPLE TREE INN

Street Address: 3100 OLD MISSOURI	**City and State:** FAYETTEVILLE AR 72701

Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	**Medicare Residents:** 0	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	76.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	98	71.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	79	57.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	85.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	52.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	20.3	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	65	47.1	37.8	39.1
Residents requiring restraints.	42	30.4	26.2	31.7
Confused or disoriented residents.	94	68.1	64.3	55.8
Residents with bed sores.	12	8.7	4.0	4.7
Residents receiving special skin care.	49	35.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUTTERFIELD TRAIL VILLAGE INC

Street Address: 1923 EAST JOYCE STREET	**City and State:** FAYETTEVILLE AR 72703

Participation: MEDICARE SNF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	70.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	15	88.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	13	76.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	70.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	29.4	43.3	37.7
Completely bedfast residents.	1	5.9	4.3	3.4
Residents confined to chairs.	6	35.3	46.0	50.8
Residents requiring restraints.	2	11.8	32.3	41.3
Confused or disoriented residents.	8	47.1	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	2	11.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAYETTEVILLE CITY GERIATRIC CENTER

Street Address: 221 SOUTH SCHOOL	**City and State:** FAYETTEVILLE AR 72702

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	95.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	89	87.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	84	82.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	76.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	79.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	67.6	43.3	37.7
Completely bedfast residents.	5	4.9	4.3	3.4
Residents confined to chairs.	35	34.3	46.0	50.8
Residents requiring restraints.	65	63.7	32.3	41.3
Confused or disoriented residents.	87	85.3	62.2	58.4
Residents with bed sores.	7	6.9	5.5	7.1
Residents receiving special skin care.	7	6.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNRISE MANOR CARE CTR

Street Address: 1001 ROCHIER STREET		**City and State:** FAYETTEVILLE AR 72701	
Participation: MEDICAID SNF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	90.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	87	71.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	88	72.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	79.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	75.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	71.1	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	64	52.9	46.0	50.8
Residents requiring restraints.	50	41.3	32.3	41.3
Confused or disoriented residents.	95	78.5	62.2	58.4
Residents with bed sores.	10	8.3	5.5	7.1
Residents receiving special skin care.	44	36.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON REGIONAL MED CTR SNF

Street Address: 1125 NORTH COLLEGE	**City and State:** FAYETTEVILLE AR 72701

Participation: MEDICARE SNF	**# of Beds:** 294	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	4	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	80.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	4	80.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	4	80.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	40.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	20.0	46.0	50.8
Residents requiring restraints.	1	20.0	32.3	41.3
Confused or disoriented residents.	2	40.0	62.2	58.4
Residents with bed sores.	1	20.0	5.5	7.1
Residents receiving special skin care.	1	20.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALLAS COUNTY NH INC

Street Address: 201 CLIFTON ST		**City and State:** FORDYCE AR 71742	
Participation: MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	70.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	23	67.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	19	55.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	67.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	11.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	44.1	43.3	37.7
Completely bedfast residents.	1	2.9	4.3	3.4
Residents confined to chairs.	23	67.6	46.0	50.8
Residents requiring restraints.	15	44.1	32.3	41.3
Confused or disoriented residents.	20	58.8	62.2	58.4
Residents with bed sores.	1	2.9	5.5	7.1
Residents receiving special skin care.	16	47.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHERN NURSING HOME

Street Address: P O BOX 472	**City and State:** FORDYCE AR 71742

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	81.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	71	67.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	55.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	81.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	55.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	56	53.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	30.5	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	57	54.3	46.0	50.8
Residents requiring restraints.	34	32.4	32.3	41.3
Confused or disoriented residents.	41	39.0	62.2	58.4
Residents with bed sores.	8	7.6	5.5	7.1
Residents receiving special skin care.	58	55.2	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK RETIREMENT INN

Street Address: 603 KITTLE ROAD		**City and State:** FORREST CITY AR 72335	
Participation: MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	74.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	54	77.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	71.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	55.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	78.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	32.9	43.3	37.7
Completely bedfast residents.	5	7.1	4.3	3.4
Residents confined to chairs.	35	50.0	46.0	50.8
Residents requiring restraints.	20	28.6	32.3	41.3
Confused or disoriented residents.	55	78.6	62.2	58.4
Residents with bed sores.	1	1.4	5.5	7.1
Residents receiving special skin care.	1	1.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK RETIREMENT INN

Street Address: P O BOX 1658	**City and State:** FORREST CITY AR 72335

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	62.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	37	53.6	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	37.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	30.4	57.4	59.1
Residents on individually written bowel and bladder retraining program.	12	17.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	11.6	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	14	20.3	37.8	39.1
Residents requiring restraints.	6	8.7	26.2	31.7
Confused or disoriented residents.	31	44.9	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	8.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERIATRICS NURSING CENTER INC

Street Address: P O BOX 1081		**City and State:** FORREST CITY AR 72335	
Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	53	76.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	59.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	59.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	60.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	27.5	43.3	37.7
Completely bedfast residents.	6	8.7	4.3	3.4
Residents confined to chairs.	29	42.0	46.0	50.8
Residents requiring restraints.	16	23.2	32.3	41.3
Confused or disoriented residents.	22	31.9	62.2	58.4
Residents with bed sores.	3	4.3	5.5	7.1
Residents receiving special skin care.	6	8.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARMOUR HEIGHTS NURSING HOME

Street Address: 3900 ARMOUR AVE		**City and State:** FORT SMITH AR 72904	
Participation: MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	87.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	56	75.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	51	68.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	67.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	67.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	11	14.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	100	43.3	37.7
Completely bedfast residents.	6	8.1	4.3	3.4
Residents confined to chairs.	35	47.3	46.0	50.8
Residents requiring restraints.	26	35.1	32.3	41.3
Confused or disoriented residents.	56	75.7	62.2	58.4
Residents with bed sores.	3	4.1	5.5	7.1
Residents receiving special skin care.	40	54.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDI HOME INC

Street Address: 4623 ROGERS AVE	**City and State:** FORT SMITH AR 72901

Participation: MEDICAID SNF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	66.2	79.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	85.7	78.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	71.4	67.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	71.4	66.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	68.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	24	15.6	5.8	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	39.6	43.3	37.7
Completely bedfast residents.	5	3.2	4.3	3.4
Residents confined to chairs.	76	49.4	46.0	50.8
Residents requiring restraints.	54	35.1	32.3	41.3
Confused or disoriented residents.	58	37.7	62.2	58.4
Residents with bed sores.	7	4.5	5.5	7.1
Residents receiving special skin care.	12	7.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METHODIST NURSING HOME

Street Address: 1915 S 74TH STREET	**City and State:** FORT SMITH AR 72903

Participation: MEDICAID SNF	**# of Beds:** 145	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	93.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	127	88.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	111	77.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	81.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	28	19.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	36.1	43.3	37.7
Completely bedfast residents.	10	6.9	4.3	3.4
Residents confined to chairs.	46	31.9	46.0	50.8
Residents requiring restraints.	47	32.6	32.3	41.3
Confused or disoriented residents.	138	95.8	62.2	58.4
Residents with bed sores.	1	0.7	5.5	7.1
Residents receiving special skin care.	4	2.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKS LODGE REST HOME

Street Address: 3310 WALDRON ROAD	**City and State:** FORT SMITH AR 72904

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	84.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	95	90.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	87	82.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	75.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	78.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	8	7.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	45.7	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	72	68.6	46.0	50.8
Residents requiring restraints.	43	41.0	32.3	41.3
Confused or disoriented residents.	79	75.2	62.2	58.4
Residents with bed sores.	1	1.0	5.5	7.1
Residents receiving special skin care.	30	28.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NH

Street Address: 425 N 51ST ST	**City and State:** FORT SMITH AR 72903

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	88.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	55	93.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	83.1	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	59.3	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.4	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	9	15.3	37.8	39.1
Residents requiring restraints.	21	35.6	26.2	31.7
Confused or disoriented residents.	43	72.9	64.3	55.8
Residents with bed sores.	3	5.1	4.0	4.7
Residents receiving special skin care.	17	28.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CTR OF FT SMITH

Street Address: 5301 WHEELER AVE		**City and State:** FORT SMITH AR 72901	
Participation: MEDICAID SNF	**# of Beds:** 187	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
149	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	59.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	107	71.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	87	58.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	50.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	55.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	41.6	43.3	37.7
Completely bedfast residents.	10	6.7	4.3	3.4
Residents confined to chairs.	63	42.3	46.0	50.8
Residents requiring restraints.	57	38.3	32.3	41.3
Confused or disoriented residents.	40	26.8	62.2	58.4
Residents with bed sores.	7	4.7	5.5	7.1
Residents receiving special skin care.	42	28.2	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD NH

Street Address: BOX 1390	**City and State:** GLENWOOD AR 71943

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	89.9	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	37	53.6	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	43.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	44.9	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	47.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	32	46.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.5	30.1	29.3
Completely bedfast residents.	3	4.3	2.3	3.6
Residents confined to chairs.	24	34.8	37.8	39.1
Residents requiring restraints.	14	20.3	26.2	31.7
Confused or disoriented residents.	60	87.0	64.3	55.8
Residents with bed sores.	1	1.4	4.0	4.7
Residents receiving special skin care.	28	40.6	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAVETTE MANOR HOMES

Street Address: 409 DALLAS ST P O DRAWER F	**City and State:** GRAVETTE AR 72736

Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	52.6	74.9	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	78.9	74.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	64.5	61.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	44.7	59.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	46.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	19.7	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	26	34.2	37.8	39.1
Residents requiring restraints.	29	38.2	26.2	31.7
Confused or disoriented residents.	39	51.3	64.3	55.8
Residents with bed sores.	5	6.6	4.0	4.7
Residents receiving special skin care.	11	14.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINK BUD HOME FOR THE GOLDEN YEARS

Street Address: BOX 592 HIGHWAY 71	**City and State:** GREENWOOD AR 72936

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	100	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	63	85.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	56	75.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.9	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	26	35.1	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	36.5	30.1	29.3
Completely bedfast residents.	6	8.1	2.3	3.6
Residents confined to chairs.	40	54.1	37.8	39.1
Residents requiring restraints.	15	20.3	26.2	31.7
Confused or disoriented residents.	40	54.1	64.3	55.8
Residents with bed sores.	2	2.7	4.0	4.7
Residents receiving special skin care.	6	8.1	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEVIEW HOME INC

Street Address: 904 SEAHORN ST BOX 10	**City and State:** GURDON AR 71743

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	43.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	28	48.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	37.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	48.3	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	43.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	13.8	30.1	29.3
Completely bedfast residents.	3	5.2	2.3	3.6
Residents confined to chairs.	18	31.0	37.8	39.1
Residents requiring restraints.	17	29.3	26.2	31.7
Confused or disoriented residents.	58	100	64.3	55.8
Residents with bed sores.	1	1.7	4.0	4.7
Residents receiving special skin care.	50	86.2	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: ROUTE 3 BOX 300	**City and State:** HAMBURG AR 71646

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	56.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	60	61.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	59.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	61.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	61.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	7	7.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	55.7	43.3	37.7
Completely bedfast residents.	8	8.2	4.3	3.4
Residents confined to chairs.	43	44.3	46.0	50.8
Residents requiring restraints.	28	28.9	32.3	41.3
Confused or disoriented residents.	63	64.9	62.2	58.4
Residents with bed sores.	12	12.4	5.5	7.1
Residents receiving special skin care.	26	26.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMPTON NURSING HOME

Street Address: BOX 538	**City and State:** HAMPTON AR 71744

Participation: MEDICAID SNF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	52.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	45	63.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	52	73.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	73.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	73.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	16.9	43.3	37.7
Completely bedfast residents.	2	2.8	4.3	3.4
Residents confined to chairs.	31	43.7	46.0	50.8
Residents requiring restraints.	30	42.3	32.3	41.3
Confused or disoriented residents.	36	50.7	62.2	58.4
Residents with bed sores.	4	5.6	5.5	7.1
Residents receiving special skin care.	37	52.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRISON NURSING HOME

Street Address: 115 ORENDORFF AVE	**City and State:** HARRISON AR 72601

Participation: MEDICAID SNF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	80.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	75	78.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	63	66.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	72.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	37.9	43.3	37.7
Completely bedfast residents.	3	3.2	4.3	3.4
Residents confined to chairs.	38	40.0	46.0	50.8
Residents requiring restraints.	26	27.4	32.3	41.3
Confused or disoriented residents.	36	37.9	62.2	58.4
Residents with bed sores.	4	4.2	5.5	7.1
Residents receiving special skin care.	28	29.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST HOME

Street Address: 315 E SHERMAN	**City and State:** HARRISON AR 72601

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	92.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	61	91.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	74.6	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	70.1	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	37.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	58.2	30.1	29.3
Completely bedfast residents.	2	3.0	2.3	3.6
Residents confined to chairs.	40	59.7	37.8	39.1
Residents requiring restraints.	10	14.9	26.2	31.7
Confused or disoriented residents.	40	59.7	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	10	14.9	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP NURSING CENTER

Street Address: 202 TIMS AVENUE	**City and State:** HARRISON AR 72601

Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	97.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	99	77.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	75	58.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	60.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	48.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	16	12.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	23.4	43.3	37.7
Completely bedfast residents.	2	1.6	4.3	3.4
Residents confined to chairs.	57	44.5	46.0	50.8
Residents requiring restraints.	30	23.4	32.3	41.3
Confused or disoriented residents.	45	35.2	62.2	58.4
Residents with bed sores.	10	7.8	5.5	7.1
Residents receiving special skin care.	33	25.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NO ARKANSAS MED CTR SNF

Street Address: 620 N WILLOW	**City and State:** HARRISON AR 72601

Participation: MEDICARE SNF	**# of Beds:** 174	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	33.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	33.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	33.3	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	33.3	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	1	33.3	62.2	58.4
Residents with bed sores.	1	33.3	5.5	7.1
Residents receiving special skin care.	1	33.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERIATRICS NURSING CENTER INC

Street Address: 1040 WEDDINGFORD ROAD	**City and State:** HEBER SPRINGS AR 72543

Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	69.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	94	84.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	52.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	38.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	53.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	7	6.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	28.8	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	58	52.3	46.0	50.8
Residents requiring restraints.	35	31.5	32.3	41.3
Confused or disoriented residents.	54	48.6	62.2	58.4
Residents with bed sores.	4	3.6	5.5	7.1
Residents receiving special skin care.	9	8.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND LODGE

Street Address: 600 SOUTH 11TH	**City and State:** HEBER SPRINGS AR 72543

Participation: MEDICAID SNF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	91.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	71	82.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	66.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	67.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	8	9.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	32.6	43.3	37.7
Completely bedfast residents.	3	3.5	4.3	3.4
Residents confined to chairs.	41	47.7	46.0	50.8
Residents requiring restraints.	18	20.9	32.3	41.3
Confused or disoriented residents.	59	68.6	62.2	58.4
Residents with bed sores.	2	2.3	5.5	7.1
Residents receiving special skin care.	3	3.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK OF HELENA INT

Street Address: HOSPITAL DR BOX 310	**City and State:** HELENA AR 72342

Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	41.3	74.9	78.3
Dressing				
Residents requiring some or total assistance in dressing.	66	88.0	74.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	61.3	61.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	46.7	59.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	58.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	17.3	30.1	29.3
Completely bedfast residents.	1	1.3	2.3	3.6
Residents confined to chairs.	24	32.0	37.8	39.1
Residents requiring restraints.	9	12.0	26.2	31.7
Confused or disoriented residents.	48	64.0	64.3	55.8
Residents with bed sores.	1	1.3	4.0	4.7
Residents receiving special skin care.	8	10.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK OF HELENA-SKILLED

Street Address: 116 NOVEMBER DR BOX 310	**City and State:** HELENA AR 72342

Participation: MEDICAID SNF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	58.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	72	66.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	67	61.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	70.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	62.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	67.9	43.3	37.7
Completely bedfast residents.	6	5.5	4.3	3.4
Residents confined to chairs.	30	27.5	46.0	50.8
Residents requiring restraints.	19	17.4	32.3	41.3
Confused or disoriented residents.	43	39.4	62.2	58.4
Residents with bed sores.	10	9.2	5.5	7.1
Residents receiving special skin care.	64	58.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HELENA HOSPITAL ASSN SNF

Street Address: HIGHWAY 49 AND NEWMAN DRIVE	**City and State:** HELENA AR 72342

Participation: MEDICARE SNF/ICF	**# of Beds:** 155	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	100	43.3	37.7
Completely bedfast residents.	1	33.3	4.3	3.4
Residents confined to chairs.	2	66.7	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	3	100	62.2	58.4
Residents with bed sores.	2	66.7	5.5	7.1
Residents receiving special skin care.	2	66.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATHER MANOR NURSING CTR

Street Address: P O BOX 961		**City and State:** HOPE AR 71801	
Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	94.7	74.9	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	72.3	74.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	61.7	61.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	58.5	59.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	58.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	19	20.2	4.5	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	28.7	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	42	44.7	37.8	39.1
Residents requiring restraints.	22	23.4	26.2	31.7
Confused or disoriented residents.	67	71.3	64.3	55.8
Residents with bed sores.	4	4.3	4.0	4.7
Residents receiving special skin care.	94	100	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL PARK HOSPITAL SNF

Street Address: 2001 SOUTH MAIN STREET	**City and State:** HOPE AR 71801

Participation: MEDICARE SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	4	80.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	60.0	43.3	37.7
Completely bedfast residents.	1	20.0	4.3	3.4
Residents confined to chairs.	3	60.0	46.0	50.8
Residents requiring restraints.	1	20.0	32.3	41.3
Confused or disoriented residents.	1	20.0	62.2	58.4
Residents with bed sores.	2	40.0	5.5	7.1
Residents receiving special skin care.	5	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEHOPE NURSING HOME

Street Address: 1900 SOUTH WALKER STREET	**City and State:** HOPE AR 71801

Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	78.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	83	79.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	83	79.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	79.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	78.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	37.1	30.1	29.3
Completely bedfast residents.	3	2.9	2.3	3.6
Residents confined to chairs.	62	59.0	37.8	39.1
Residents requiring restraints.	45	42.9	26.2	31.7
Confused or disoriented residents.	78	74.3	64.3	55.8
Residents with bed sores.	6	5.7	4.0	4.7
Residents receiving special skin care.	68	64.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH ARKANSAS LIFE CARE CENTER

Street Address: 1203 SOUTH BEND DRIVE		**City and State:** HORSESHOE BEND AR 72512	
Participation: MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	90.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	68	90.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	55	73.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	73.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	72.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	34.7	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	40	53.3	46.0	50.8
Residents requiring restraints.	33	44.0	32.3	41.3
Confused or disoriented residents.	48	64.0	62.2	58.4
Residents with bed sores.	4	5.3	5.5	7.1
Residents receiving special skin care.	13	17.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARKANSAS HEALTHCARE NURSING CTR

Street Address: 909 GOLFLINKS ROAD		**City and State:** HOT SPRINGS AR 71901	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	3	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	75.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	79	75.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	64.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	68.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	53.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	45.7	43.3	37.7
Completely bedfast residents.	8	7.6	4.3	3.4
Residents confined to chairs.	57	54.3	46.0	50.8
Residents requiring restraints.	43	41.0	32.3	41.3
Confused or disoriented residents.	65	61.9	62.2	58.4
Residents with bed sores.	17	16.2	5.5	7.1
Residents receiving special skin care.	40	38.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARLAND CONVALESCENT CENTER

Street Address: 600 CARPENTER DAM RD	**City and State:** HOT SPRINGS AR 71901

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	94.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	82	78.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	74.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	70.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	64.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	30	28.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	47.6	43.3	37.7
Completely bedfast residents.	7	6.7	4.3	3.4
Residents confined to chairs.	66	62.9	46.0	50.8
Residents requiring restraints.	52	49.5	32.3	41.3
Confused or disoriented residents.	68	64.8	62.2	58.4
Residents with bed sores.	10	9.5	5.5	7.1
Residents receiving special skin care.	19	18.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARLAND PINES CONVALESCENT CENTER

Street Address: 600 A CARPENTER DAM ROAD	**City and State:** HOT SPRINGS AR 71901

Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	20.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	20.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	20.0	46.0	50.8
Residents requiring restraints.	2	40.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	3	60.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOT SPRINGS NURSING HOME

Street Address: 1401 PARK AVE		**City and State:** HOT SPRINGS AR 71901	
Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	90.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	101	80.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	72.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	72.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	72.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	23.2	43.3	37.7
Completely bedfast residents.	3	2.4	4.3	3.4
Residents confined to chairs.	71	56.8	46.0	50.8
Residents requiring restraints.	49	39.2	32.3	41.3
Confused or disoriented residents.	62	49.6	62.2	58.4
Residents with bed sores.	9	7.2	5.5	7.1
Residents receiving special skin care.	26	20.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEWOOD CONVALESCENT HOME

Street Address: RT 17 BOX 661		**City and State:** HOT SPRINGS AR 71901	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	60.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	41	85.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	75.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	64.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	58.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	27.1	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	25	52.1	37.8	39.1
Residents requiring restraints.	9	18.8	26.2	31.7
Confused or disoriented residents.	23	47.9	64.3	55.8
Residents with bed sores.	3	6.3	4.0	4.7
Residents receiving special skin care.	8	16.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NATIONAL PARK MEDICAL CENTER

Street Address: 3110 MALVERN	**City and State:** HOT SPRINGS AR 71901

Participation: MEDICARE SNF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	100	43.3	37.7
Completely bedfast residents.	1	50.0	4.3	3.4
Residents confined to chairs.	1	50.0	46.0	50.8
Residents requiring restraints.	1	50.0	32.3	41.3
Confused or disoriented residents.	2	100	62.2	58.4
Residents with bed sores.	1	50.0	5.5	7.1
Residents receiving special skin care.	1	50.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NUCARE CONV CENTER

Street Address: 1316 PARK AVE		**City and State:** HOT SPRINGS AR 71901	
Participation: MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	59.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	81	81.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	59	59.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	59.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	59.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	54.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	15	15.0	46.0	50.8
Residents requiring restraints.	53	53.0	32.3	41.3
Confused or disoriented residents.	40	40.0	62.2	58.4
Residents with bed sores.	23	23.0	5.5	7.1
Residents receiving special skin care.	100	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUALITY CARE NURSING CENTER

Street Address: 351 WOODFIN	**City and State:** HOT SPRINGS AR 71901

Participation: MEDICAID SNF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	95.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	76	80.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	64.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	55.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	66.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	29.5	43.3	37.7
Completely bedfast residents.	1	1.1	4.3	3.4
Residents confined to chairs.	39	41.1	46.0	50.8
Residents requiring restraints.	42	44.2	32.3	41.3
Confused or disoriented residents.	55	57.9	62.2	58.4
Residents with bed sores.	11	11.6	5.5	7.1
Residents receiving special skin care.	8	8.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN CEDAR LODGE

Street Address: 5 CORTEZ ROAD	**City and State:** HOT SPRINGS VILLAGE AR 71909

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	100	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	24	92.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	88.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	88.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	88.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	7.7	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	15.4	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	16	61.5	37.8	39.1
Residents requiring restraints.	3	11.5	26.2	31.7
Confused or disoriented residents.	21	80.8	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWVIEW LODGE NURSING HOME

Street Address: DRAWER E		**City and State:** HUNTSVILLE AR 72740	
Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	87.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	61	87.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	70	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	64.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	84.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	78.6	43.3	37.7
Completely bedfast residents.	1	1.4	4.3	3.4
Residents confined to chairs.	35	50.0	46.0	50.8
Residents requiring restraints.	18	25.7	32.3	41.3
Confused or disoriented residents.	62	88.6	62.2	58.4
Residents with bed sores.	4	5.7	5.5	7.1
Residents receiving special skin care.	6	8.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSONVILLE NURSING CENTER

Street Address: 1320 WEST BRADEN STREET		**City and State:** JACKSONVILLE AR 72076	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 225	**Medicare Residents:** 0	**Medicaid Residents:** 183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	212	94.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	166	73.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	150	66.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	68.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	64.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	36.9	43.3	37.7
Completely bedfast residents.	7	3.1	4.3	3.4
Residents confined to chairs.	108	48.0	46.0	50.8
Residents requiring restraints.	91	40.4	32.3	41.3
Confused or disoriented residents.	125	55.6	62.2	58.4
Residents with bed sores.	14	6.2	5.5	7.1
Residents receiving special skin care.	39	17.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF JACKSONVILLE

Street Address: 1701 S HWY 161		**City and State:** JACKSONVILLE AR 72076	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	93.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	51	89.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	48	84.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.5	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	61.4	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	24	42.1	37.8	39.1
Residents requiring restraints.	35	61.4	26.2	31.7
Confused or disoriented residents.	51	89.5	64.3	55.8
Residents with bed sores.	4	7.0	4.0	4.7
Residents receiving special skin care.	6	10.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWTON CO NURSING HOME

Street Address: P O BOX 442		**City and State:** JASPER AR 72641	
Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	83.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	29	69.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	59.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	66.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	54.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	35.7	30.1	29.3
Completely bedfast residents.	3	7.1	2.3	3.6
Residents confined to chairs.	24	57.1	37.8	39.1
Residents requiring restraints.	19	45.2	26.2	31.7
Confused or disoriented residents.	23	54.8	64.3	55.8
Residents with bed sores.	1	2.4	4.0	4.7
Residents receiving special skin care.	1	2.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRAIGHEAD COUNTY NURSING HOME

Street Address: ROUTE 9 BOX 32		**City and State:** JONESBORO AR 72401	
Participation: MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	93.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	52	91.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	27	47.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	54.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	38.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	28.1	43.3	37.7
Completely bedfast residents.	2	3.5	4.3	3.4
Residents confined to chairs.	19	33.3	46.0	50.8
Residents requiring restraints.	3	5.3	32.3	41.3
Confused or disoriented residents.	50	87.7	62.2	58.4
Residents with bed sores.	3	5.3	5.5	7.1
Residents receiving special skin care.	19	33.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERIATRICS NURSING CENTER

Street Address: 800 SOUTHWEST DR		**City and State:** JONESBORO AR 72401	
Participation: MEDICAID SNF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	78.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	89	89.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	86	86.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	85.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	86.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	77.0	43.3	37.7
Completely bedfast residents.	9	9.0	4.3	3.4
Residents confined to chairs.	45	45.0	46.0	50.8
Residents requiring restraints.	50	50.0	32.3	41.3
Confused or disoriented residents.	78	78.0	62.2	58.4
Residents with bed sores.	5	5.0	5.5	7.1
Residents receiving special skin care.	27	27.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF JONESBORO

Street Address: ROUTE 12 BOX 404	**City and State:** JONESBORO AR 72401

Participation: MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	80.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	65	73.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	55	62.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	52.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	63.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.9	43.3	37.7
Completely bedfast residents.	1	1.1	4.3	3.4
Residents confined to chairs.	50	56.8	46.0	50.8
Residents requiring restraints.	24	27.3	32.3	41.3
Confused or disoriented residents.	49	55.7	62.2	58.4
Residents with bed sores.	4	4.5	5.5	7.1
Residents receiving special skin care.	16	18.2	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE SKILL CARE NURSING CTR

Street Address: 2911 BROWNS LN	**City and State:** JONESBORO AR 72401

Participation: MEDICAID SNF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	**Medicare Residents:** 0	**Medicaid Residents:** 121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	85.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	110	72.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	62.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	78.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	64.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	9	5.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	58.6	43.3	37.7
Completely bedfast residents.	15	9.9	4.3	3.4
Residents confined to chairs.	64	42.1	46.0	50.8
Residents requiring restraints.	37	24.3	32.3	41.3
Confused or disoriented residents.	77	50.7	62.2	58.4
Residents with bed sores.	9	5.9	5.5	7.1
Residents receiving special skin care.	12	7.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKDALE NURSING HOME

Street Address: P O BOX 670 HWY 67-367	**City and State:** JUDSONIA AR 72081

Participation: MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	82.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	78.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	77.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	35.0	43.3	37.7
Completely bedfast residents.	4	4.0	4.3	3.4
Residents confined to chairs.	50	50.0	46.0	50.8
Residents requiring restraints.	43	43.0	32.3	41.3
Confused or disoriented residents.	82	82.0	62.2	58.4
Residents with bed sores.	3	3.0	5.5	7.1
Residents receiving special skin care.	5	5.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JUNCTION CITY NURSING HOME

Street Address: RT 1 BOX 2		**City and State:** JUNCTION CITY AR 71749	
Participation: MEDICAID SNF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	50.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	52	70.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	45.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	47.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	44.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	15	20.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	25.7	43.3	37.7
Completely bedfast residents.	5	6.8	4.3	3.4
Residents confined to chairs.	13	17.6	46.0	50.8
Residents requiring restraints.	16	21.6	32.3	41.3
Confused or disoriented residents.	56	75.7	62.2	58.4
Residents with bed sores.	4	5.4	5.5	7.1
Residents receiving special skin care.	1	1.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESIDE NURSING CENTER

Street Address: 1207 WILLOW RUN RD P O BOX 578	**City and State:** LAKE CITY AR 72437

Participation: MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	82.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	35	87.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	27	67.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	75.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	60.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	10.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	35.0	43.3	37.7
Completely bedfast residents.	5	12.5	4.3	3.4
Residents confined to chairs.	21	52.5	46.0	50.8
Residents requiring restraints.	16	40.0	32.3	41.3
Confused or disoriented residents.	21	52.5	62.2	58.4
Residents with bed sores.	3	7.5	5.5	7.1
Residents receiving special skin care.	11	27.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE OF LAKE VILLAGE

Street Address: HWY 65 AND 82 SOUTH	**City and State:** LAKE VILLAGE AR 71653

Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	67.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	59	73.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	46	57.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	50.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	45.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	3	3.7	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.2	30.1	29.3
Completely bedfast residents.	1	1.2	2.3	3.6
Residents confined to chairs.	38	47.5	37.8	39.1
Residents requiring restraints.	26	32.5	26.2	31.7
Confused or disoriented residents.	67	83.7	64.3	55.8
Residents with bed sores.	6	7.5	4.0	4.7
Residents receiving special skin care.	2	2.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARWOOD NURSING CENTER

Street Address: 516 RODNEY PARHAM	**City and State:** LITTLE ROCK AR 72205

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	76.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	42	70.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	63.3	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	55.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	45.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	16.7	30.1	29.3
Completely bedfast residents.	3	5.0	2.3	3.6
Residents confined to chairs.	18	30.0	37.8	39.1
Residents requiring restraints.	31	51.7	26.2	31.7
Confused or disoriented residents.	51	85.0	64.3	55.8
Residents with bed sores.	5	8.3	4.0	4.7
Residents receiving special skin care.	3	5.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN OF LITTLE ROCK

Street Address: 5720 W MARKHAM	**City and State:** LITTLE ROCK AR 72205

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 2	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	73.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	124	79.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	111	70.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	73.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	73.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	35.0	43.3	37.7
Completely bedfast residents.	2	1.3	4.3	3.4
Residents confined to chairs.	103	65.6	46.0	50.8
Residents requiring restraints.	52	33.1	32.3	41.3
Confused or disoriented residents.	129	82.2	62.2	58.4
Residents with bed sores.	11	7.0	5.5	7.1
Residents receiving special skin care.	4	2.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE ROCK NURSING CENTER

Street Address: 1516 SO CUMBERLAND		**City and State:** LITTLE ROCK AR 72202	
Participation: MEDICAID SNF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
182	0	165

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	69.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	141	77.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	118	64.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	66.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	54.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	6	3.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	102	56.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	112	61.5	46.0	50.8
Residents requiring restraints.	44	24.2	32.3	41.3
Confused or disoriented residents.	137	75.3	62.2	58.4
Residents with bed sores.	8	4.4	5.5	7.1
Residents receiving special skin care.	17	9.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF LITTLE ROCK

Street Address: 800 BROOKSIDE DRIVE	**City and State:** LITTLE ROCK AR 72205

Participation: MEDICAID ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	74.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	90	70.9	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	53.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	43.3	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	54.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	3	2.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	26.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	49	38.6	37.8	39.1
Residents requiring restraints.	25	19.7	26.2	31.7
Confused or disoriented residents.	53	41.7	64.3	55.8
Residents with bed sores.	6	4.7	4.0	4.7
Residents receiving special skin care.	15	11.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST HOMES INC

Street Address: 3915 DIXON RD	**City and State:** LITTLE ROCK AR 72206

Participation: MEDICAID ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	54.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	75	66.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	62	54.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	44.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	35.4	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	20.4	30.1	29.3
Completely bedfast residents.	7	6.2	2.3	3.6
Residents confined to chairs.	23	20.4	37.8	39.1
Residents requiring restraints.	11	9.7	26.2	31.7
Confused or disoriented residents.	69	61.1	64.3	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	15	13.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST VINCENT INFIRMARY MED CTR SNF

Street Address: TWO ST VINCENT CIRCLE		**City and State:** LITTLE ROCK AR 72205	
Participation: MEDICARE SNF	**# of Beds:** 681	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	23	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	37.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	22	91.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	22	91.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	58.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	41.7	43.3	37.7
Completely bedfast residents.	6	25.0	4.3	3.4
Residents confined to chairs.	16	66.7	46.0	50.8
Residents requiring restraints.	3	12.5	32.3	41.3
Confused or disoriented residents.	4	16.7	62.2	58.4
Residents with bed sores.	5	20.8	5.5	7.1
Residents receiving special skin care.	7	29.2	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE OAKS NURSING CENTER

Street Address: 4115 W 15TH		**City and State:** LITTLE ROCK AR 72204	
Participation: MEDICAID ICF	**# of Beds:** 194	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	91.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	88	91.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	88	91.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	91.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	79.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	4	4.2	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	84	87.5	30.1	29.3
Completely bedfast residents.	2	2.1	2.3	3.6
Residents confined to chairs.	58	60.4	37.8	39.1
Residents requiring restraints.	58	60.4	26.2	31.7
Confused or disoriented residents.	96	100	64.3	55.8
Residents with bed sores.	7	7.3	4.0	4.7
Residents receiving special skin care.	58	60.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRINITY COURT INC

Street Address: 2000 MAIN ST	**City and State:** LITTLE ROCK AR 72206

Participation: MEDICAID SNF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	**Medicare Residents:** 0	**Medicaid Residents:** 152

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	89.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	126	81.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	105	68.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	57.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	68.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	31.8	43.3	37.7
Completely bedfast residents.	8	5.2	4.3	3.4
Residents confined to chairs.	52	33.8	46.0	50.8
Residents requiring restraints.	26	16.9	32.3	41.3
Confused or disoriented residents.	89	57.8	62.2	58.4
Residents with bed sores.	11	7.1	5.5	7.1
Residents receiving special skin care.	126	81.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VANTAGE CONVALESCENT CENTER

Street Address: 8500 MIZE RD		**City and State:** LITTLE ROCK AR 72209	
Participation: MEDICAID SNF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	67.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	129	86.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	84	56.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	47.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	56.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	7	4.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	34.0	43.3	37.7
Completely bedfast residents.	6	4.0	4.3	3.4
Residents confined to chairs.	61	40.7	46.0	50.8
Residents requiring restraints.	39	26.0	32.3	41.3
Confused or disoriented residents.	100	66.7	62.2	58.4
Residents with bed sores.	4	2.7	5.5	7.1
Residents receiving special skin care.	15	10.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAMSBURG RETIREMENT INN

Street Address: 6301 LEE AVENUE		**City and State:** LITTLE ROCK AR 72205	
Participation: MEDICAID SNF	**# of Beds:** 101	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	89.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	87	97.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	70	78.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	60.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	43.8	43.3	37.7
Completely bedfast residents.	1	1.1	4.3	3.4
Residents confined to chairs.	25	28.1	46.0	50.8
Residents requiring restraints.	20	22.5	32.3	41.3
Confused or disoriented residents.	68	76.4	62.2	58.4
Residents with bed sores.	2	2.2	5.5	7.1
Residents receiving special skin care.	81	91.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN YEARS MANOR

Street Address: 1010 BARNES	**City and State:** LONOKE AR 72086

Participation: MEDICAID SNF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	95.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	96	95.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	62	61.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	62.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	60.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	28.7	43.3	37.7
Completely bedfast residents.	2	2.0	4.3	3.4
Residents confined to chairs.	47	46.5	46.0	50.8
Residents requiring restraints.	27	26.7	32.3	41.3
Confused or disoriented residents.	64	63.4	62.2	58.4
Residents with bed sores.	2	2.0	5.5	7.1
Residents receiving special skin care.	8	7.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONOKE NURSING HOME

Street Address: 420 E ACADEMY STREET BOX 276	**City and State:** LONOKE AR 72086

Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	34.9	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	20	46.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	46.5	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	53.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	51.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	23.3	30.1	29.3
Completely bedfast residents.	1	2.3	2.3	3.6
Residents confined to chairs.	12	27.9	37.8	39.1
Residents requiring restraints.	9	20.9	26.2	31.7
Confused or disoriented residents.	38	88.4	64.3	55.8
Residents with bed sores.	2	4.7	4.0	4.7
Residents receiving special skin care.	4	9.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA CITY HOSPITAL SNF

Street Address: 101 HOSPITAL DRIVE BOX 629	**City and State:** MAGNOLIA AR 71753

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	60.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	40.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	2	40.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	2	40.0	5.5	7.1
Residents receiving special skin care.	4	80.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA MANOR

Street Address: 301 S BOUNDRY ST		**City and State:** MAGNOLIA AR 71753	
Participation: MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	39.3	79.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	53.6	78.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	58.0	67.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	58.9	66.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	52.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	5.8	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	38.4	43.3	37.7
Completely bedfast residents.	6	5.4	4.3	3.4
Residents confined to chairs.	33	29.5	46.0	50.8
Residents requiring restraints.	31	27.7	32.3	41.3
Confused or disoriented residents.	52	46.4	62.2	58.4
Residents with bed sores.	6	5.4	5.5	7.1
Residents receiving special skin care.	42	37.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK LODGE

Street Address: 600 LELIA STREET		**City and State:** MAGNOLIA AR 71753	
Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	72.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	66	68.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	58.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	71.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	47.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.1	43.3	37.7
Completely bedfast residents.	3	3.1	4.3	3.4
Residents confined to chairs.	32	33.0	46.0	50.8
Residents requiring restraints.	27	27.8	32.3	41.3
Confused or disoriented residents.	21	21.6	62.2	58.4
Residents with bed sores.	9	9.3	5.5	7.1
Residents receiving special skin care.	13	13.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOT SPRING CO MEM HOSP SNF

Street Address: 1001 SCHNEIDER DRIVE		**City and State:** MALVERN AR 72104	
Participation: MEDICARE SNF	**# of Beds:** 77	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONGMEADOW NURSING HOME

Street Address: P O BOX 537	**City and State:** MALVERN AR 72104

Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	46.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	30	50.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	35.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	38.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	5	8.3	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	15	25.0	37.8	39.1
Residents requiring restraints.	16	26.7	26.2	31.7
Confused or disoriented residents.	37	61.7	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	14	23.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MALVERN NURSING HOME

Street Address: RT 8 BOX 176	**City and State:** MALVERN AR 72104

Participation: MEDICAID SNF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	67.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	77	81.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	63.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	43.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	56.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	27.4	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	50	52.6	46.0	50.8
Residents requiring restraints.	11	11.6	32.3	41.3
Confused or disoriented residents.	57	60.0	62.2	58.4
Residents with bed sores.	5	5.3	5.5	7.1
Residents receiving special skin care.	7	7.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STILLMEADOW CONVALESCENT CENTER

Street Address: RT 2 BOX 11	**City and State:** MALVERN AR 72104

Participation: MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	64.7	79.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	65.7	78.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	63.7	67.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	58.8	66.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	51.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	30.4	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	54	52.9	46.0	50.8
Residents requiring restraints.	27	26.5	32.3	41.3
Confused or disoriented residents.	61	59.8	62.2	58.4
Residents with bed sores.	6	5.9	5.5	7.1
Residents receiving special skin care.	7	6.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANILA NH

Street Address: P O BOX 429	**City and State:** MANILA AR 72442

Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	92.2	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	47	92.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	52.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	80.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	64.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.9	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	52.9	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	23	45.1	37.8	39.1
Residents requiring restraints.	19	37.3	26.2	31.7
Confused or disoriented residents.	23	45.1	64.3	55.8
Residents with bed sores.	2	3.9	4.0	4.7
Residents receiving special skin care.	17	33.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK OF MARIANNA

Street Address: HWY 79 W BOX 386	**City and State:** MARIANNA AR 72360

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	65.9	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	72	81.8	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	53	60.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	77.3	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	67.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	9	10.2	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	21.6	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	30	34.1	37.8	39.1
Residents requiring restraints.	25	28.4	26.2	31.7
Confused or disoriented residents.	87	98.9	64.3	55.8
Residents with bed sores.	6	6.8	4.0	4.7
Residents receiving special skin care.	2	2.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THREE RIVERS NURSING CENTER

Street Address: HINES CIRCLE P O DRAWER 519	**City and State:** MARKED TREE AR 72365

Participation: MEDICAID SNF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	84.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	88	78.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	69.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	74.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	49.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	10	8.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	37.5	43.3	37.7
Completely bedfast residents.	18	16.1	4.3	3.4
Residents confined to chairs.	34	30.4	46.0	50.8
Residents requiring restraints.	50	44.6	32.3	41.3
Confused or disoriented residents.	92	82.1	62.2	58.4
Residents with bed sores.	1	0.9	5.5	7.1
Residents receiving special skin care.	2	1.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARSHALL NURSING CENTER

Street Address: P O BOX 356		**City and State:** MARSHALL AR 72650	
Participation: MEDICAID ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	98.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	55	73.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	65.3	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	57.3	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	66.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.3	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	25	33.3	37.8	39.1
Residents requiring restraints.	26	34.7	26.2	31.7
Confused or disoriented residents.	73	97.3	64.3	55.8
Residents with bed sores.	6	8.0	4.0	4.7
Residents receiving special skin care.	25	33.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR LODGE NURSING HOME

Street Address: MCKINLEY AND WILLIS BOX 927		**City and State:** MARVELL AR 72366	
Participation: MEDICAID ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	77.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	63	71.6	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	38.6	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	43.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	37.5	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	11.4	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	20	22.7	37.8	39.1
Residents requiring restraints.	4	4.5	26.2	31.7
Confused or disoriented residents.	75	85.2	64.3	55.8
Residents with bed sores.	4	4.5	4.0	4.7
Residents receiving special skin care.	4	4.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODRUFF COUNTY NH

Street Address: HIGHWAY 64 WEST BOX 407	**City and State:** MCCRORY AR 72101

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	85.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	76	73.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	72	69.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	70.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	65.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	53.8	43.3	37.7
Completely bedfast residents.	3	2.9	4.3	3.4
Residents confined to chairs.	41	39.4	46.0	50.8
Residents requiring restraints.	35	33.7	32.3	41.3
Confused or disoriented residents.	66	63.5	62.2	58.4
Residents with bed sores.	3	2.9	5.5	7.1
Residents receiving special skin care.	29	27.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC MCGEHEE

Street Address: 700 WESTWOOD DRIVE		**City and State:** MCGEHEE AR 71654	
Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	0	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	84.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	107	86.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	104	83.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	58.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	83.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	35.5	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	76	61.3	46.0	50.8
Residents requiring restraints.	53	42.7	32.3	41.3
Confused or disoriented residents.	103	83.1	62.2	58.4
Residents with bed sores.	5	4.0	5.5	7.1
Residents receiving special skin care.	68	54.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER NURSING HOME

Street Address: P O BOX 395 N DIXON	**City and State:** MELBOURNE AR 72556

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	79.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	39	62.9	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	51.6	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	48.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	48.4	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	24.2	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	25	40.3	37.8	39.1
Residents requiring restraints.	26	41.9	26.2	31.7
Confused or disoriented residents.	30	48.4	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	4	6.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENA MANOR INC

Street Address: 100 9TH STREET	**City and State:** MENA AR 71953

Participation: MEDICAID SNF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	96.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	42	80.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	71.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	80.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	69.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	5.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	40.4	43.3	37.7
Completely bedfast residents.	1	1.9	4.3	3.4
Residents confined to chairs.	19	36.5	46.0	50.8
Residents requiring restraints.	31	59.6	32.3	41.3
Confused or disoriented residents.	42	80.8	62.2	58.4
Residents with bed sores.	6	11.5	5.5	7.1
Residents receiving special skin care.	20	38.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICH MOUNTAIN MANOR

Street Address: 504 HORNBECK	**City and State:** MENA AR 71953

Participation: MEDICAID SNF	**# of Beds:** 115	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	96.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	68	64.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	76	71.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	61.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	43.4	43.3	37.7
Completely bedfast residents.	4	3.8	4.3	3.4
Residents confined to chairs.	35	33.0	46.0	50.8
Residents requiring restraints.	40	37.7	32.3	41.3
Confused or disoriented residents.	75	70.8	62.2	58.4
Residents with bed sores.	8	7.5	5.5	7.1
Residents receiving special skin care.	106	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANES NH

Street Address: BOX 469	**City and State:** MONETTE AR 72447

Participation: MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	91.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	76	91.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	63.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	69.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	55.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	30.1	43.3	37.7
Completely bedfast residents.	11	13.3	4.3	3.4
Residents confined to chairs.	33	39.8	46.0	50.8
Residents requiring restraints.	21	25.3	32.3	41.3
Confused or disoriented residents.	50	60.2	62.2	58.4
Residents with bed sores.	1	1.2	5.5	7.1
Residents receiving special skin care.	2	2.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: P O BOX 576	**City and State:** MONTICELLO AR 71655

Participation: MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	52.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	95	77.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	56	45.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	48.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	56.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	31.7	43.3	37.7
Completely bedfast residents.	6	4.9	4.3	3.4
Residents confined to chairs.	60	48.8	46.0	50.8
Residents requiring restraints.	42	34.1	32.3	41.3
Confused or disoriented residents.	94	76.4	62.2	58.4
Residents with bed sores.	3	2.4	5.5	7.1
Residents receiving special skin care.	53	43.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONWAY CO HOSPITAL SNF

Street Address: 4 HOSPITAL DRIVE		**City and State:** MORRILTON AR 72110	
Participation: MEDICARE SNF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	3	75.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	3	75.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	75.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	50.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	25.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	2	50.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	2	50.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	25.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRILTON MANOR NURSING HOME

Street Address: 1212 W CHILDRESS		**City and State:** MORRILTON AR 72110	
Participation: MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	74.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	95	77.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	63.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	61.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	61.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	8	6.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	59.8	43.3	37.7
Completely bedfast residents.	2	1.6	4.3	3.4
Residents confined to chairs.	41	33.6	46.0	50.8
Residents requiring restraints.	38	31.1	32.3	41.3
Confused or disoriented residents.	117	95.9	62.2	58.4
Residents with bed sores.	3	2.5	5.5	7.1
Residents receiving special skin care.	5	4.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW MANOR NURSING HOME

Street Address: 1209 SOUTH BRIDGE STREET		**City and State:** MORRILTON AR 72110	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	92.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	40	76.9	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	69.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	61.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	76.9	57.4	59.1
Residents on individually written bowel and bladder retraining program.	3	5.8	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	50.0	30.1	29.3
Completely bedfast residents.	6	11.5	2.3	3.6
Residents confined to chairs.	15	28.8	37.8	39.1
Residents requiring restraints.	20	38.5	26.2	31.7
Confused or disoriented residents.	52	100	64.3	55.8
Residents with bed sores.	2	3.8	4.0	4.7
Residents receiving special skin care.	12	23.1	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTGOMERY COUNTY NURSING HOME

Street Address: P O BOX 885	**City and State:** MOUNT IDA AR 71957

Participation: MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	50	89.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	78.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	78.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	71.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	20	35.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	58.9	43.3	37.7
Completely bedfast residents.	5	8.9	4.3	3.4
Residents confined to chairs.	21	37.5	46.0	50.8
Residents requiring restraints.	21	37.5	32.3	41.3
Confused or disoriented residents.	21	37.5	62.2	58.4
Residents with bed sores.	2	3.6	5.5	7.1
Residents receiving special skin care.	16	28.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAXTER CO REGIONAL HOSPITAL SNF

Street Address: 624 HOSPITAL DRIVE	**City and State:** MOUNTAIN HOME AR 72653

Participation: MEDICARE SNF	**# of Beds:** 151	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 11	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	63.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	8	72.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	8	72.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	45.5	43.3	37.7
Completely bedfast residents.	1	9.1	4.3	3.4
Residents confined to chairs.	4	36.4	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	1	9.1	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	9.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAXTER MANOR NURSING HOME

Street Address: 620 HOSPITAL DRIVE	**City and State:** MOUNTAIN HOME AR 72653

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	95.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	93	89.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	75.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	76.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	76.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	33.7	43.3	37.7
Completely bedfast residents.	7	6.7	4.3	3.4
Residents confined to chairs.	73	70.2	46.0	50.8
Residents requiring restraints.	55	52.9	32.3	41.3
Confused or disoriented residents.	59	56.7	62.2	58.4
Residents with bed sores.	5	4.8	5.5	7.1
Residents receiving special skin care.	39	37.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN HOME NURSING CENTER

Street Address: P O BOX 375	**City and State:** MOUNTAIN HOME AR 72653

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	84.6	79.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	73.1	78.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	78.2	67.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	61.5	66.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	51.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	5.8	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	25.6	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	35	44.9	46.0	50.8
Residents requiring restraints.	25	32.1	32.3	41.3
Confused or disoriented residents.	28	35.9	62.2	58.4
Residents with bed sores.	4	5.1	5.5	7.1
Residents receiving special skin care.	14	17.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT HOME GOOD SAMARITAN VILLAGE

Street Address: 3031 TURNAGE DR		**City and State:** MOUNTAIN HOME AR 72653	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	85.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	57	83.8	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	66.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	64.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	67.6	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	45.6	30.1	29.3
Completely bedfast residents.	1	1.5	2.3	3.6
Residents confined to chairs.	39	57.4	37.8	39.1
Residents requiring restraints.	19	27.9	26.2	31.7
Confused or disoriented residents.	48	70.6	64.3	55.8
Residents with bed sores.	1	1.5	4.0	4.7
Residents receiving special skin care.	35	51.5	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE LANE HEALTHCARE

Street Address: 1100 PINE TREE LOOP	**City and State:** MOUNTAIN HOME AR 72653

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	63.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	94	95.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	66	67.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	60.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	74.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	5.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	53.1	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	35	35.7	46.0	50.8
Residents requiring restraints.	25	25.5	32.3	41.3
Confused or disoriented residents.	51	52.0	62.2	58.4
Residents with bed sores.	6	6.1	5.5	7.1
Residents receiving special skin care.	17	17.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMPTONS OAK GROVE LODGE

Street Address: P O BOX 526	**City and State:** MOUNTAIN VIEW AR 72560

Participation: MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	66.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	58	67.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	76	88.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	66.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	88.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	40.7	43.3	37.7
Completely bedfast residents.	1	1.2	4.3	3.4
Residents confined to chairs.	56	65.1	46.0	50.8
Residents requiring restraints.	14	16.3	32.3	41.3
Confused or disoriented residents.	82	95.3	62.2	58.4
Residents with bed sores.	3	3.5	5.5	7.1
Residents receiving special skin care.	86	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDLEHOUR NURSING CENTER

Street Address: 110 W 13TH STREET		**City and State:** MURFREESBORO AR 71958	
Participation: MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	93.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	50	70.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	40	56.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	52.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	62.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.8	43.3	37.7
Completely bedfast residents.	5	7.0	4.3	3.4
Residents confined to chairs.	28	39.4	46.0	50.8
Residents requiring restraints.	22	31.0	32.3	41.3
Confused or disoriented residents.	36	50.7	62.2	58.4
Residents with bed sores.	2	2.8	5.5	7.1
Residents receiving special skin care.	71	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENSONS NH INC

Street Address: 1315 HUTCHINSON	**City and State:** NASHVILLE AR 71852

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	61.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	52	66.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	43	55.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	57.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	61.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	20.5	43.3	37.7
Completely bedfast residents.	2	2.6	4.3	3.4
Residents confined to chairs.	23	29.5	46.0	50.8
Residents requiring restraints.	7	9.0	32.3	41.3
Confused or disoriented residents.	41	52.6	62.2	58.4
Residents with bed sores.	6	7.7	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL NURSING HOME

Street Address: 311 W HENDERSON		**City and State:** NASHVILLE AR 71852	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	70.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	38	76.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	54.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	42.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	40.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.0	30.1	29.3
Completely bedfast residents.	2	4.0	2.3	3.6
Residents confined to chairs.	26	52.0	37.8	39.1
Residents requiring restraints.	12	24.0	26.2	31.7
Confused or disoriented residents.	18	36.0	64.3	55.8
Residents with bed sores.	1	2.0	4.0	4.7
Residents receiving special skin care.	10	20.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GUEST HOUSE OF NASHVILLE INC

Street Address: 1302 S 4TH	**City and State:** NASHVILLE AR 71852

Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	72.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	50	76.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	45	69.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	58.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	63.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	12	18.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	36.9	43.3	37.7
Completely bedfast residents.	2	3.1	4.3	3.4
Residents confined to chairs.	30	46.2	46.0	50.8
Residents requiring restraints.	28	43.1	32.3	41.3
Confused or disoriented residents.	42	64.6	62.2	58.4
Residents with bed sores.	2	3.1	5.5	7.1
Residents receiving special skin care.	10	15.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOWARD MEM HOSPITAL SNF

Street Address: 8TH AND LESLIE STS BOX 381	**City and State:** NASHVILLE AR 71852

Participation: MEDICARE SNF	**# of Beds:** 63	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	43.3	37.7
Completely bedfast residents.	1	100	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: NORTH MAIN ST BOX 812	**City and State:** NASHVILLE AR 71852

Participation: MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	94.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	78	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	48	61.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	89.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	79.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	37.2	43.3	37.7
Completely bedfast residents.	1	1.3	4.3	3.4
Residents confined to chairs.	57	73.1	46.0	50.8
Residents requiring restraints.	17	21.8	32.3	41.3
Confused or disoriented residents.	9	11.5	62.2	58.4
Residents with bed sores.	3	3.8	5.5	7.1
Residents receiving special skin care.	24	30.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NASHVILLE NURSING CENTER INC

Street Address: P O BOX 376		**City and State:** NASHVILLE AR 71852	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	35	79.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	68.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	56.8	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	6	13.6	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	38.6	30.1	29.3
Completely bedfast residents.	4	9.1	2.3	3.6
Residents confined to chairs.	28	63.6	37.8	39.1
Residents requiring restraints.	11	25.0	26.2	31.7
Confused or disoriented residents.	21	47.7	64.3	55.8
Residents with bed sores.	1	2.3	4.0	4.7
Residents receiving special skin care.	7	15.9	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRIS HOSPITAL & CLINIC INC SNF

Street Address: 1205 MCLAIN STREET	**City and State:** NEWPORT AR 72112

Participation: MEDICARE SNF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	100	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEDALE NH

Street Address:	**City and State:**
1311 N PECAN ST	NEWPORT AR 72112

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF	125	PROPRIETARY	11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	85.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	97	77.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	72.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	64.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	60.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	7	5.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	42.4	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	47	37.6	46.0	50.8
Residents requiring restraints.	63	50.4	32.3	41.3
Confused or disoriented residents.	77	61.6	62.2	58.4
Residents with bed sores.	7	5.6	5.5	7.1
Residents receiving special skin care.	70	56.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGIONAL HEALTHCARE INC

Street Address: 410 CALHOUN STREET DRAWER J		**City and State:** NEWPORT AR 72112	
Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	102	97.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	72	68.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	97.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	67.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	41.0	43.3	37.7
Completely bedfast residents.	2	1.9	4.3	3.4
Residents confined to chairs.	65	61.9	46.0	50.8
Residents requiring restraints.	15	14.3	32.3	41.3
Confused or disoriented residents.	102	97.1	62.2	58.4
Residents with bed sores.	7	6.7	5.5	7.1
Residents receiving special skin care.	105	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY NURSING HOME

Street Address: 6401 E 47TH STREET		**City and State:** NORTH LITTLE ROCK AR 72117	
Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	91.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	64	91.4	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	60	85.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	72.9	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	85.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	41	58.6	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	20	28.6	37.8	39.1
Residents requiring restraints.	6	8.6	26.2	31.7
Confused or disoriented residents.	70	100	64.3	55.8
Residents with bed sores.	2	2.9	4.0	4.7
Residents receiving special skin care.	4	5.7	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RILEYS OAK HILL MANOR INC

Street Address: 2501 JOHN ASHLEY RD	**City and State:** NORTH LITTLE ROCK AR 72114

Participation: MEDICAID SNF	**# of Beds:** 224	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 209	**Medicare Residents:** 0	**Medicaid Residents:** 148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	158	75.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	158	75.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	134	64.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	37.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	61.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	18.7	43.3	37.7
Completely bedfast residents.	1	0.5	4.3	3.4
Residents confined to chairs.	114	54.5	46.0	50.8
Residents requiring restraints.	60	28.7	32.3	41.3
Confused or disoriented residents.	98	46.9	62.2	58.4
Residents with bed sores.	4	1.9	5.5	7.1
Residents receiving special skin care.	22	10.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YELL COUNTY NURSING HOME

Street Address: P O BOX 38	**City and State:** OLA AR 72853

Participation: MEDICAID SNF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	97.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	59	79.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	81.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	75.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	73.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	52.7	43.3	37.7
Completely bedfast residents.	3	4.1	4.3	3.4
Residents confined to chairs.	20	27.0	46.0	50.8
Residents requiring restraints.	34	45.9	32.3	41.3
Confused or disoriented residents.	36	48.6	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	21	28.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OSCEOLA NURSING HOME

Street Address: 406 S BROADWAY BOX 545		**City and State:** OSCEOLA AR 72370	
Participation: MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	64.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	67	70.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	64.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	45.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	64.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	53.7	43.3	37.7
Completely bedfast residents.	3	3.2	4.3	3.4
Residents confined to chairs.	42	44.2	46.0	50.8
Residents requiring restraints.	37	38.9	32.3	41.3
Confused or disoriented residents.	72	75.8	62.2	58.4
Residents with bed sores.	7	7.4	5.5	7.1
Residents receiving special skin care.	14	14.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OZARK NURSING HOME INC

Street Address: 600 N 12TH STREET	**City and State:** OZARK AR 72949

Participation: MEDICAID SNF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	67.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	105	76.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	77	56.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	56.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	75.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	23.4	43.3	37.7
Completely bedfast residents.	1	0.7	4.3	3.4
Residents confined to chairs.	58	42.3	46.0	50.8
Residents requiring restraints.	31	22.6	32.3	41.3
Confused or disoriented residents.	105	76.6	62.2	58.4
Residents with bed sores.	4	2.9	5.5	7.1
Residents receiving special skin care.	60	43.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENE ACRES NURSING HOME INC

Street Address: P O BOX 1027		**City and State:** PARAGOULD AR 72451	
Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	95.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	66	94.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	82.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	81.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	82.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	5.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	52.9	43.3	37.7
Completely bedfast residents.	1	1.4	4.3	3.4
Residents confined to chairs.	48	68.6	46.0	50.8
Residents requiring restraints.	41	58.6	32.3	41.3
Confused or disoriented residents.	55	78.6	62.2	58.4
Residents with bed sores.	3	4.3	5.5	7.1
Residents receiving special skin care.	10	14.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARAGOULD NURSING CENTER

Street Address: ROUTE 3 BOX 45A		**City and State:** PARAGOULD AR 72450	
Participation: MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
171	0	171

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	82.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	119	69.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	109	63.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	69.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	59.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	9	5.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	23.4	43.3	37.7
Completely bedfast residents.	17	9.9	4.3	3.4
Residents confined to chairs.	53	31.0	46.0	50.8
Residents requiring restraints.	59	34.5	32.3	41.3
Confused or disoriented residents.	75	43.9	62.2	58.4
Residents with bed sores.	6	3.5	5.5	7.1
Residents receiving special skin care.	13	7.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN COUNTY NH

Street Address: 403 S ROSEVILLE	**City and State:** PARIS AR 72855

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	94.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	30	85.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	60.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	57.1	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	65.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	4	11.4	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	34.3	30.1	29.3
Completely bedfast residents.	4	11.4	2.3	3.6
Residents confined to chairs.	11	31.4	37.8	39.1
Residents requiring restraints.	2	5.7	26.2	31.7
Confused or disoriented residents.	16	45.7	64.3	55.8
Residents with bed sores.	2	5.7	4.0	4.7
Residents receiving special skin care.	25	71.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARIS RETIREMENT INN

Street Address: 513 N ROSEVILLE		**City and State:** PARIS AR 72855	
Participation: MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	84.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	56	77.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	43	59.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	58.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	58.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	34.7	43.3	37.7
Completely bedfast residents.	4	5.6	4.3	3.4
Residents confined to chairs.	35	48.6	46.0	50.8
Residents requiring restraints.	26	36.1	32.3	41.3
Confused or disoriented residents.	42	58.3	62.2	58.4
Residents with bed sores.	1	1.4	5.5	7.1
Residents receiving special skin care.	4	5.6	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERRY COUNTY NURSING HOME

Street Address: BOX 270	**City and State:** PERRYVILLE AR 72126

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	94.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	52	74.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	64.3	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	65.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	65.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	5	7.1	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	45.7	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	39	55.7	37.8	39.1
Residents requiring restraints.	23	32.9	26.2	31.7
Confused or disoriented residents.	70	100	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	70	100	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIGGOTT NURSING CENTER

Street Address: 450 S 9TH ST PO BOX 388	**City and State:** PIGGOTT AR 72454

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	65.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	70	77.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	54	60.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	53.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	54.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	5.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	26.7	43.3	37.7
Completely bedfast residents.	4	4.4	4.3	3.4
Residents confined to chairs.	49	54.4	46.0	50.8
Residents requiring restraints.	31	34.4	32.3	41.3
Confused or disoriented residents.	39	43.3	62.2	58.4
Residents with bed sores.	5	5.6	5.5	7.1
Residents receiving special skin care.	27	30.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARKANSAS CONVALESCENT CENTER

Street Address: 6301 S HAZEL		**City and State:** PINE BLUFF AR 71603	
Participation: MEDICAID SNF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
10	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	70.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	8	80.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	5	50.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	50.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	50.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	20.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	3	30.0	32.3	41.3
Confused or disoriented residents.	4	40.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAVIS SKILLED CARE FACILITY

Street Address: 1111 W 12TH		**City and State:** PINE BLUFF AR 71601	
Participation: MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	86	86.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	89.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.0	43.3	37.7
Completely bedfast residents.	7	7.0	4.3	3.4
Residents confined to chairs.	48	48.0	46.0	50.8
Residents requiring restraints.	46	46.0	32.3	41.3
Confused or disoriented residents.	46	46.0	62.2	58.4
Residents with bed sores.	4	4.0	5.5	7.1
Residents receiving special skin care.	48	48.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON CONVALESCENT HOME INC

Street Address: 3406 WEST 7TH	**City and State:** PINE BLUFF AR 71601

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	68.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	35	70.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	70.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	21	42.0	37.8	39.1
Residents requiring restraints.	19	38.0	26.2	31.7
Confused or disoriented residents.	35	70.0	64.3	55.8
Residents with bed sores.	3	6.0	4.0	4.7
Residents receiving special skin care.	5	10.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON REGIONAL MED CTR SNF

Street Address: 1515 WEST 42ND		**City and State:** PINE BLUFF AR 71603	
Participation: MEDICARE SNF	**# of Beds:** 471	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	3	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOMA LINDA REST HOME INC

Street Address:
1501 BAY ST

City and State:
PINE BLUFF AR 71613

Participation: MEDICAID ICF

# of Beds: 205

Type of Ownership: PROPRIETARY

Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148

Medicare Residents: 0

Medicaid Residents: 144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	79.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	111	75.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	87	58.8	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	42.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	60.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	57	38.5	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	44	29.7	37.8	39.1
Residents requiring restraints.	30	20.3	26.2	31.7
Confused or disoriented residents.	137	92.6	64.3	55.8
Residents with bed sores.	3	2.0	4.0	4.7
Residents receiving special skin care.	2	1.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK PARK NH

Street Address: 2610 W 36TH ST		**City and State:** PINE BLUFF AR 71601	
Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	98.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	35	52.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	52.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	52.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	52.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	10.4	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	21	31.3	37.8	39.1
Residents requiring restraints.	11	16.4	26.2	31.7
Confused or disoriented residents.	66	98.5	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	9.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE BLUFF NURSING HOME

Street Address: 3701 MAIN STREET		**City and State:** PINE BLUFF AR 71601	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
243	0	183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	56.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	149	61.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	142	58.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	74.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	175	72.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	15	6.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	22.6	43.3	37.7
Completely bedfast residents.	11	4.5	4.3	3.4
Residents confined to chairs.	84	34.6	46.0	50.8
Residents requiring restraints.	42	17.3	32.3	41.3
Confused or disoriented residents.	84	34.6	62.2	58.4
Residents with bed sores.	15	6.2	5.5	7.1
Residents receiving special skin care.	11	4.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POCAHONTAS CONVALESCENT CENTER

Street Address: ROUTE 6 BOX 87		**City and State:** POCAHONTAS AR 72455	
Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	68.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	60	75.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	46	57.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	61.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	80.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	12	15.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	65.0	43.3	37.7
Completely bedfast residents.	3	3.7	4.3	3.4
Residents confined to chairs.	25	31.3	46.0	50.8
Residents requiring restraints.	19	23.7	32.3	41.3
Confused or disoriented residents.	59	73.7	62.2	58.4
Residents with bed sores.	2	2.5	5.5	7.1
Residents receiving special skin care.	4	5.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANDOLPH COUNTY NURSING HOME

Street Address: 1405 HOSPITAL DRIVE	**City and State:** POCAHONTAS AR 72455

Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	63.7	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	61	76.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	51	63.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	66.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	35.0	43.3	37.7
Completely bedfast residents.	11	13.7	4.3	3.4
Residents confined to chairs.	28	35.0	46.0	50.8
Residents requiring restraints.	31	38.7	32.3	41.3
Confused or disoriented residents.	18	22.5	62.2	58.4
Residents with bed sores.	6	7.5	5.5	7.1
Residents receiving special skin care.	34	42.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDI-HOME OF PRAIRIE GROVE

Street Address: 621 S MOCK ST BOX 616	**City and State:** PRAIRIE GROVE AR 72753

Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	65.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	57	82.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	82.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	62.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	72.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	36	52.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	36.2	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	31	44.9	46.0	50.8
Residents requiring restraints.	22	31.9	32.3	41.3
Confused or disoriented residents.	57	82.6	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	11	15.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NH

Street Address: 1421 W SECOND ST NORTH	**City and State:** PRESCOTT AR 71857

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	77.9	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	46	67.6	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	58.8	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	54.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	54.4	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	26.5	30.1	29.3
Completely bedfast residents.	5	7.4	2.3	3.6
Residents confined to chairs.	31	45.6	37.8	39.1
Residents requiring restraints.	14	20.6	26.2	31.7
Confused or disoriented residents.	34	50.0	64.3	55.8
Residents with bed sores.	4	5.9	4.0	4.7
Residents receiving special skin care.	8	11.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESCOTT NURSING CENTER

Street Address: RT 6 BOX 227	**City and State:** PRESCOTT AR 71857

Participation: MEDICAID SNF	**# of Beds:** 111	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	82.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	46	62.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	45.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	36.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	51.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	5.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	32.4	43.3	37.7
Completely bedfast residents.	6	8.1	4.3	3.4
Residents confined to chairs.	21	28.4	46.0	50.8
Residents requiring restraints.	12	16.2	32.3	41.3
Confused or disoriented residents.	57	77.0	62.2	58.4
Residents with bed sores.	3	4.1	5.5	7.1
Residents receiving special skin care.	4	5.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST MED CTR SNF

Street Address: HWY 67 NORTH BOX 717	**City and State:** PRESCOTT AR 71857

Participation: MEDICARE SNF	**# of Beds:** 65	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	50.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	50.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	2	100	62.2	58.4
Residents with bed sores.	1	50.0	5.5	7.1
Residents receiving special skin care.	2	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEVELAND CO NH

Street Address: 501 E MAGNOLIA		**City and State:** RISON AR 71665	
Participation: MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	96.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	48	75.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	41	64.1	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	62.5	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	64.1	64.3	68.2
Residents on individually written bowel and bladder retraining program.	8	12.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	31.3	43.3	37.7
Completely bedfast residents.	1	1.6	4.3	3.4
Residents confined to chairs.	25	39.1	46.0	50.8
Residents requiring restraints.	22	34.4	32.3	41.3
Confused or disoriented residents.	53	82.8	62.2	58.4
Residents with bed sores.	5	7.8	5.5	7.1
Residents receiving special skin care.	31	48.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDI HOME OF ROGERS

Street Address: 1603 WEST WALNUT ST	**City and State:** ROGERS AR 72756

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	75.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	45	70.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	39	60.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	54.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	56.3	57.4	59.1
Residents on individually written bowel and bladder retraining program.	26	40.6	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	18.8	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	29	45.3	37.8	39.1
Residents requiring restraints.	27	42.2	26.2	31.7
Confused or disoriented residents.	34	53.1	64.3	55.8
Residents with bed sores.	2	3.1	4.0	4.7
Residents receiving special skin care.	4	6.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROGERS NURSING CENTER

Street Address: 1151 W NEW HOPE RD	**City and State:** ROGERS AR 72756

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 2	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	96.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	105	96.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	83.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	80.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	72.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	52.3	43.3	37.7
Completely bedfast residents.	5	4.6	4.3	3.4
Residents confined to chairs.	64	58.7	46.0	50.8
Residents requiring restraints.	46	42.2	32.3	41.3
Confused or disoriented residents.	50	45.9	62.2	58.4
Residents with bed sores.	14	12.8	5.5	7.1
Residents receiving special skin care.	47	43.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF ROGERS

Street Address: 1513 S DIXIELAND RD	**City and State:** ROGERS AR 72756

Participation: MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	92.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	55	67.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	65.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	65.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	58.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	37.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	33	40.7	46.0	50.8
Residents requiring restraints.	34	42.0	32.3	41.3
Confused or disoriented residents.	37	45.7	62.2	58.4
Residents with bed sores.	8	9.9	5.5	7.1
Residents receiving special skin care.	22	27.2	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARY ROGERS MEM HOSPITAL SNF

Street Address: 1200 WEST WALNUT STREET		**City and State:** ROGERS AR 72756	
Participation: MEDICARE SNF	**# of Beds:** 165	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEGACY LODGE NH

Street Address: 900 W 12TH ST		**City and State:** RUSSELLVILLE AR 72801	
Participation: MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	87.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	91	77.1	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	72	61.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	61.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	67.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	34.7	43.3	37.7
Completely bedfast residents.	3	2.5	4.3	3.4
Residents confined to chairs.	48	40.7	46.0	50.8
Residents requiring restraints.	11	9.3	32.3	41.3
Confused or disoriented residents.	62	52.5	62.2	58.4
Residents with bed sores.	2	1.7	5.5	7.1
Residents receiving special skin care.	118	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUSSELLVILLE NURSING CENTER

Street Address: 1700 WEST C ST		**City and State:** RUSSELLVILLE AR 72801	
Participation: MEDICAID SNF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	91.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	68	75.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	86.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	61.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	57.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	6	6.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	36.7	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	38	42.2	46.0	50.8
Residents requiring restraints.	37	41.1	32.3	41.3
Confused or disoriented residents.	55	61.1	62.2	58.4
Residents with bed sores.	2	2.2	5.5	7.1
Residents receiving special skin care.	1	1.1	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS REG MED CTR SNF

Street Address: 1808 WEST MAIN ST	**City and State:** RUSSELLVILLE AR 72801

Participation: MEDICARE SNF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	50.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	4	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	50.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	100	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	75.0	43.3	37.7
Completely bedfast residents.	2	50.0	4.3	3.4
Residents confined to chairs.	2	50.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	3	75.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	4	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STELLA MANOR NURSING CENTER

Street Address: 400 N VANCOUVER	**City and State:** RUSSELLVILLE AR 72801

Participation: MEDICAID SNF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	92.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	125	86.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	89	61.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	54.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	62.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	15	10.4	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	43.1	43.3	37.7
Completely bedfast residents.	6	4.2	4.3	3.4
Residents confined to chairs.	47	32.6	46.0	50.8
Residents requiring restraints.	57	39.6	32.3	41.3
Confused or disoriented residents.	105	72.9	62.2	58.4
Residents with bed sores.	6	4.2	5.5	7.1
Residents receiving special skin care.	17	11.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FULTON COUNTY NURSING CENTER

Street Address: P O BOX 397		**City and State:** SALEM AR 72576	
Participation: MEDICAID SNF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	87.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	86	78.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	61.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	66.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	57.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	27.3	43.3	37.7
Completely bedfast residents.	1	0.9	4.3	3.4
Residents confined to chairs.	43	39.1	46.0	50.8
Residents requiring restraints.	22	20.0	32.3	41.3
Confused or disoriented residents.	58	52.7	62.2	58.4
Residents with bed sores.	2	1.8	5.5	7.1
Residents receiving special skin care.	7	6.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BYRD HAVEN NH

Street Address: 105 S COLLEGE BOX 180	**City and State:** SEARCY AR 72143

Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	100	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	64	86.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	74.3	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	86.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.7	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	37.8	30.1	29.3
Completely bedfast residents.	13	17.6	2.3	3.6
Residents confined to chairs.	32	43.2	37.8	39.1
Residents requiring restraints.	34	45.9	26.2	31.7
Confused or disoriented residents.	33	44.6	64.3	55.8
Residents with bed sores.	3	4.1	4.0	4.7
Residents receiving special skin care.	5	6.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL ARKANSAS HOSPITAL SNF

Street Address: 1200 S MAIN	**City and State:** SEARCY AR 72143

Participation: MEDICARE SNF	**# of Beds:** 169	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	4	80.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	20.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	80.0	43.3	37.7
Completely bedfast residents.	3	60.0	4.3	3.4
Residents confined to chairs.	2	40.0	46.0	50.8
Residents requiring restraints.	1	20.0	32.3	41.3
Confused or disoriented residents.	1	20.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	3	60.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE

Street Address: 211 AZTEC		**City and State:** SEARCY AR 72143	
Participation: MEDICAID SNF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
243	0	228

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	222	91.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	232	95.5	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	239	98.4	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	229	94.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	51.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	16	6.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	33.3	43.3	37.7
Completely bedfast residents.	5	2.1	4.3	3.4
Residents confined to chairs.	130	53.5	46.0	50.8
Residents requiring restraints.	140	57.6	32.3	41.3
Confused or disoriented residents.	129	53.1	62.2	58.4
Residents with bed sores.	12	4.9	5.5	7.1
Residents receiving special skin care.	239	98.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE CO MEM HOSPITAL SNF

Street Address: 3214 EAST RACE BOX 809	**City and State:** SEARCY AR 72143

Participation: MEDICARE SNF	**# of Beds:** 124	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	1	100	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	100	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANT CO NH INC

Street Address: RT 2 BOX 100 BB		**City and State:** SHERIDAN AR 72150	
Participation: MEDICAID SNF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	88.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	95	88.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	88.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	88.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	88.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	12	11.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	18.7	43.3	37.7
Completely bedfast residents.	10	9.3	4.3	3.4
Residents confined to chairs.	38	35.5	46.0	50.8
Residents requiring restraints.	38	35.5	32.3	41.3
Confused or disoriented residents.	78	72.9	62.2	58.4
Residents with bed sores.	3	2.8	5.5	7.1
Residents receiving special skin care.	7	6.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHARP NH INC

Street Address: GEN DEL	**City and State:** SIDNEY AR 72577

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	92.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	59	88.1	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	56.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	64.2	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	41.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	40.3	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	34	50.7	37.8	39.1
Residents requiring restraints.	33	49.3	26.2	31.7
Confused or disoriented residents.	1	1.5	64.3	55.8
Residents with bed sores.	2	3.0	4.0	4.7
Residents receiving special skin care.	10	14.9	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND MANOR INC

Street Address: 811 W ELGIN ST	**City and State:** SILOAM SPRINGS AR 72761

Participation: MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	83.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	92	78.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	84	71.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	71.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	66.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	27	22.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	44.9	43.3	37.7
Completely bedfast residents.	6	5.1	4.3	3.4
Residents confined to chairs.	80	67.8	46.0	50.8
Residents requiring restraints.	22	18.6	32.3	41.3
Confused or disoriented residents.	78	66.1	62.2	58.4
Residents with bed sores.	6	5.1	5.5	7.1
Residents receiving special skin care.	15	12.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SMACKOVER NURSING HOME

Street Address: 210 EAST 5TH ST		**City and State:** SMACKOVER AR 71762	
Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	77.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	70	93.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	90.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	77.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	80.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	40.0	43.3	37.7
Completely bedfast residents.	1	1.3	4.3	3.4
Residents confined to chairs.	44	58.7	46.0	50.8
Residents requiring restraints.	20	26.7	32.3	41.3
Confused or disoriented residents.	43	57.3	62.2	58.4
Residents with bed sores.	4	5.3	5.5	7.1
Residents receiving special skin care.	60	80.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLAND NURSING CENTER WEST

Street Address: P O BOX T		**City and State:** SPRINGDALE AR 72765	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	86.7	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	26	86.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	76.7	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	63.3	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	76.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	6.7	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	43.3	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	20	66.7	37.8	39.1
Residents requiring restraints.	8	26.7	26.2	31.7
Confused or disoriented residents.	30	100	64.3	55.8
Residents with bed sores.	2	6.7	4.0	4.7
Residents receiving special skin care.	4	13.3	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLAND NURSING CTR NORTH

Street Address: P O BOX T	**City and State:** SPRINGDALE AR 72765

Participation: MEDICAID ICF	**# of Beds:** 56	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	90.9	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	47	85.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	37	67.3	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	60.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	32.7	30.1	29.3
Completely bedfast residents.	2	3.6	2.3	3.6
Residents confined to chairs.	9	16.4	37.8	39.1
Residents requiring restraints.	14	25.5	26.2	31.7
Confused or disoriented residents.	45	81.8	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VALLEY NURSING CTR

Street Address: 102 N GUTENSOHN	**City and State:** SPRINGDALE AR 72764

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF	140	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
138	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	96.4	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	120	87.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	88	63.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	84.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	63.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	42.8	43.3	37.7
Completely bedfast residents.	1	0.7	4.3	3.4
Residents confined to chairs.	91	65.9	46.0	50.8
Residents requiring restraints.	21	15.2	32.3	41.3
Confused or disoriented residents.	122	88.4	62.2	58.4
Residents with bed sores.	22	15.9	5.5	7.1
Residents receiving special skin care.	51	37.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMESTEAD MANOR

Street Address: P O BOX 159		**City and State:** STAMPS AR 71860	
Participation: MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	88.9	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	75	69.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	70	64.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	65.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	67.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	35.2	43.3	37.7
Completely bedfast residents.	6	5.6	4.3	3.4
Residents confined to chairs.	68	63.0	46.0	50.8
Residents requiring restraints.	26	24.1	32.3	41.3
Confused or disoriented residents.	63	58.3	62.2	58.4
Residents with bed sores.	7	6.5	5.5	7.1
Residents receiving special skin care.	1	0.9	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDNER NH

Street Address: NORTH DREW ST	**City and State:** STAR CITY AR 71667

Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	94.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	48	66.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	44.4	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	69.4	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	36.1	57.4	59.1
Residents on individually written bowel and bladder retraining program.	4	5.6	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.3	30.1	29.3
Completely bedfast residents.	3	4.2	2.3	3.6
Residents confined to chairs.	20	27.8	37.8	39.1
Residents requiring restraints.	13	18.1	26.2	31.7
Confused or disoriented residents.	36	50.0	64.3	55.8
Residents with bed sores.	1	1.4	4.0	4.7
Residents receiving special skin care.	26	36.1	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STAR CITY NURSING CENTER

Street Address: FORD AND VICTORY STS	**City and State:** STAR CITY AR 71667

Participation: MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	38.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	46	56.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	51	63.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	38.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	59.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	5	6.2	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	43.2	43.3	37.7
Completely bedfast residents.	5	6.2	4.3	3.4
Residents confined to chairs.	10	12.3	46.0	50.8
Residents requiring restraints.	12	14.8	32.3	41.3
Confused or disoriented residents.	37	45.7	62.2	58.4
Residents with bed sores.	1	1.2	5.5	7.1
Residents receiving special skin care.	6	7.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK INN OF STUTTGART

Street Address: P O BOX 790	**City and State:** STUTTGART AR 72160

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	68.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	52	72.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	56.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	45.8	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	72.2	57.4	59.1
Residents on individually written bowel and bladder retraining program.	10	13.9	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	13.9	30.1	29.3
Completely bedfast residents.	2	2.8	2.3	3.6
Residents confined to chairs.	26	36.1	37.8	39.1
Residents requiring restraints.	16	22.2	26.2	31.7
Confused or disoriented residents.	58	80.6	64.3	55.8
Residents with bed sores.	1	1.4	4.0	4.7
Residents receiving special skin care.	1	1.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF STUTTGART

Street Address: 1211 E 22ND	**City and State:** STUTTGART AR 72160

Participation: MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	64.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	40	53.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	49	65.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	60.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	60.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	46.7	43.3	37.7
Completely bedfast residents.	10	13.3	4.3	3.4
Residents confined to chairs.	34	45.3	46.0	50.8
Residents requiring restraints.	32	42.7	32.3	41.3
Confused or disoriented residents.	45	60.0	62.2	58.4
Residents with bed sores.	6	8.0	5.5	7.1
Residents receiving special skin care.	12	16.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STUTTGART MEM HOSPITAL SNF

Street Address: ROUTE 1 BOX 21C	**City and State:** STUTTGART AR 72160

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	50.0	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	1	50.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	50.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAYLOR NH INC

Street Address: RT 2 BOX 280	**City and State:** TAYLOR AR 71861

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	51.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	34	87.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	59.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	66.7	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	48.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	4	10.3	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	23.1	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	13	33.3	37.8	39.1
Residents requiring restraints.	17	43.6	26.2	31.7
Confused or disoriented residents.	18	46.2	64.3	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARKANSAS CONV CENTER

Street Address: 2107 DUDLEY AVE	**City and State:** TEXARKANA AR 75502

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF	105	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	10	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	10	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	40.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	50.0	43.3	37.7
Completely bedfast residents.	3	30.0	4.3	3.4
Residents confined to chairs.	6	60.0	46.0	50.8
Residents requiring restraints.	1	10.0	32.3	41.3
Confused or disoriented residents.	10	100	62.2	58.4
Residents with bed sores.	1	10.0	5.5	7.1
Residents receiving special skin care.	1	10.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN PLACE NH

Street Address: 1100 E 36TH ST		**City and State:** TEXARKANA AR 75502	
Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	58.8	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	44	64.7	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	63.2	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	69.1	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	39.7	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	23.5	30.1	29.3
Completely bedfast residents.	5	7.4	2.3	3.6
Residents confined to chairs.	35	51.5	37.8	39.1
Residents requiring restraints.	15	22.1	26.2	31.7
Confused or disoriented residents.	26	38.2	64.3	55.8
Residents with bed sores.	1	1.5	4.0	4.7
Residents receiving special skin care.	3	4.4	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICALODGE OF TEXARKANA

Street Address: 1621 E 42ND ST	**City and State:** TEXARKANA AR 75502

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	96.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	97	94.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	82	79.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	79.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	54.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	16	15.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	48.5	43.3	37.7
Completely bedfast residents.	11	10.7	4.3	3.4
Residents confined to chairs.	60	58.3	46.0	50.8
Residents requiring restraints.	15	14.6	32.3	41.3
Confused or disoriented residents.	64	62.1	62.2	58.4
Residents with bed sores.	4	3.9	5.5	7.1
Residents receiving special skin care.	12	11.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD PLACE

Street Address: 307 PINEHURST	**City and State:** TEXARKANA AR 75502

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	60.6	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	20	60.6	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	60.6	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	63.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	60.6	57.4	59.1
Residents on individually written bowel and bladder retraining program.	5	15.2	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	12.1	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	10	30.3	37.8	39.1
Residents requiring restraints.	10	30.3	26.2	31.7
Confused or disoriented residents.	8	24.2	64.3	55.8
Residents with bed sores.	2	6.1	4.0	4.7
Residents receiving special skin care.	2	6.1	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MICHAEL HOSPITAL OF TEXARKANA SNF

Street Address: 315 E 5TH ST	**City and State:** TEXARKANA AR 75502

Participation: MEDICARE SNF	**# of Beds:** 254	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	0	0.0	46.0	50.8
Residents requiring restraints.	0	0.0	32.3	41.3
Confused or disoriented residents.	0	0.0	62.2	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE CARE CENTER OF TRUMANN

Street Address: 333 MELODY DRIVE		**City and State:** TRUMANN AR 72472	
Participation: MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	94.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	69	89.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	79.2	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	76.6	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	77.9	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	62.3	43.3	37.7
Completely bedfast residents.	10	13.0	4.3	3.4
Residents confined to chairs.	18	23.4	46.0	50.8
Residents requiring restraints.	36	46.8	32.3	41.3
Confused or disoriented residents.	65	84.4	62.2	58.4
Residents with bed sores.	3	3.9	5.5	7.1
Residents receiving special skin care.	5	6.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNWOOD MANOR INC

Street Address: 1404 N 28TH STREET	**City and State:** VAN BUREN AR 72956

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	82.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	92	94.8	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	93.8	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	91.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	91.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	36	37.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	48.5	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	65	67.0	46.0	50.8
Residents requiring restraints.	57	58.8	32.3	41.3
Confused or disoriented residents.	44	45.4	62.2	58.4
Residents with bed sores.	4	4.1	5.5	7.1
Residents receiving special skin care.	15	15.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW HAVEN O'REST INC

Street Address: 2010 ALMA HIGHWAY	**City and State:** VAN BUREN AR 72956

Participation: MEDICAID SNF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 0	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	68.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	136	82.4	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	112	67.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	64.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	43.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	6	3.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	24.8	43.3	37.7
Completely bedfast residents.	10	6.1	4.3	3.4
Residents confined to chairs.	81	49.1	46.0	50.8
Residents requiring restraints.	35	21.2	32.3	41.3
Confused or disoriented residents.	70	42.4	62.2	58.4
Residents with bed sores.	6	3.6	5.5	7.1
Residents receiving special skin care.	14	8.5	27.5	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VAN BUREN NURSING CENTER

Street Address: P O DRAWER A		**City and State:** VAN BUREN AR 72956	
Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	96.2	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	77	74.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	57.7	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	49.0	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	55.8	64.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.0	43.3	37.7
Completely bedfast residents.	1	1.0	4.3	3.4
Residents confined to chairs.	59	56.7	46.0	50.8
Residents requiring restraints.	24	23.1	32.3	41.3
Confused or disoriented residents.	32	30.8	62.2	58.4
Residents with bed sores.	9	8.7	5.5	7.1
Residents receiving special skin care.	9	8.7	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEWOOD NURSING HOME

Street Address: P O BOX Q 11TH WASHINGTON	**City and State:** WALDRON AR 72958

Participation: MEDICAID SNF	**# of Beds:** 89	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	79.8	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	65	73.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	59.6	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	44.9	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	50.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	8	9.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	22.5	43.3	37.7
Completely bedfast residents.	3	3.4	4.3	3.4
Residents confined to chairs.	25	28.1	46.0	50.8
Residents requiring restraints.	20	22.5	32.3	41.3
Confused or disoriented residents.	36	40.4	62.2	58.4
Residents with bed sores.	1	1.1	5.5	7.1
Residents receiving special skin care.	16	18.0	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAWRENCE HALL NURSING HOME

Street Address: 1309 HIGHWAY 25 WEST	**City and State:** WALNUT RIDGE AR 72476

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	70.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	96	78.7	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	76	62.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	59.8	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	58.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	16	13.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	41.0	43.3	37.7
Completely bedfast residents.	17	13.9	4.3	3.4
Residents confined to chairs.	59	48.4	46.0	50.8
Residents requiring restraints.	50	41.0	32.3	41.3
Confused or disoriented residents.	97	79.5	62.2	58.4
Residents with bed sores.	2	1.6	5.5	7.1
Residents receiving special skin care.	26	21.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHELTERING ARMS NH

Street Address: 311 NORTHWEST 2ND	**City and State:** WALNUT RIDGE AR 72476

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	82.4	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	25	73.5	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	55.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	47.1	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	55.9	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	26.5	30.1	29.3
Completely bedfast residents.	4	11.8	2.3	3.6
Residents confined to chairs.	10	29.4	37.8	39.1
Residents requiring restraints.	3	8.8	26.2	31.7
Confused or disoriented residents.	24	70.6	64.3	55.8
Residents with bed sores.	5	14.7	4.0	4.7
Residents receiving special skin care.	3	8.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT RIDGE CONVALESCENT CENTER

Street Address: 1500 HIGHWAY 25 WEST		**City and State:** WALNUT RIDGE AR 72476	
Participation: MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	73.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	80	76.9	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	68.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	71.2	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	71.2	64.3	68.2
Residents on individually written bowel and bladder retraining program.	12	11.5	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	38.5	43.3	37.7
Completely bedfast residents.	8	7.7	4.3	3.4
Residents confined to chairs.	49	47.1	46.0	50.8
Residents requiring restraints.	41	39.4	32.3	41.3
Confused or disoriented residents.	48	46.2	62.2	58.4
Residents with bed sores.	4	3.8	5.5	7.1
Residents receiving special skin care.	22	21.2	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE LODGE

Street Address: 730 E CHURCH ST	**City and State:** WARREN AR 71671

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	85.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	67	71.3	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	64.9	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	61.7	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	59.6	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	38.3	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	60	63.8	46.0	50.8
Residents requiring restraints.	40	42.6	32.3	41.3
Confused or disoriented residents.	42	44.7	62.2	58.4
Residents with bed sores.	10	10.6	5.5	7.1
Residents receiving special skin care.	5	5.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAGNON PLACE INC

Street Address: P O BOX 230	**City and State:** WARREN AR 71671

Participation: MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	50.5	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	82	81.2	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	70.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	63.4	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	64.4	64.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	36.6	43.3	37.7
Completely bedfast residents.	11	10.9	4.3	3.4
Residents confined to chairs.	45	44.6	46.0	50.8
Residents requiring restraints.	40	39.6	32.3	41.3
Confused or disoriented residents.	80	79.2	62.2	58.4
Residents with bed sores.	6	5.9	5.5	7.1
Residents receiving special skin care.	24	23.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERIATRIC NURSING CENTER

Street Address: 610 S AVALON	**City and State:** WEST MEMPHIS AR 72301

Participation: MEDICAID SNF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 0	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	67.3	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	102	68.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	108	72.0	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	61.3	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	70.7	64.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	30.7	43.3	37.7
Completely bedfast residents.	14	9.3	4.3	3.4
Residents confined to chairs.	85	56.7	46.0	50.8
Residents requiring restraints.	43	28.7	32.3	41.3
Confused or disoriented residents.	118	78.7	62.2	58.4
Residents with bed sores.	8	5.3	5.5	7.1
Residents receiving special skin care.	107	71.3	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE INC

Street Address: 111 E JACKSON	**City and State:** WEST MEMPHIS AR 72301

Participation: MEDICAID ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	90.5	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	73	86.9	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	57	67.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	72.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	69.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	6	7.1	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	50.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	39	46.4	37.8	39.1
Residents requiring restraints.	11	13.1	26.2	31.7
Confused or disoriented residents.	75	89.3	64.3	55.8
Residents with bed sores.	7	8.3	4.0	4.7
Residents receiving special skin care.	15	17.9	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHLEY COUNTY NURSING CENTER INC

Street Address: P O BOX 37 LAKE STREET		**City and State:** WILMOT AR 71676	
Participation: MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	63.6	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	40	60.6	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	51.5	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	62.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	51.5	64.3	68.2
Residents on individually written bowel and bladder retraining program.	6	9.1	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	33.3	43.3	37.7
Completely bedfast residents.	0	0.0	4.3	3.4
Residents confined to chairs.	25	37.9	46.0	50.8
Residents requiring restraints.	14	21.2	32.3	41.3
Confused or disoriented residents.	37	56.1	62.2	58.4
Residents with bed sores.	4	6.1	5.5	7.1
Residents receiving special skin care.	21	31.8	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILMOT NURSING HOME

Street Address: P O BOX 37	**City and State:** WILMOT AR 71676

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	96.3	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	16	59.3	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	51.9	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	55.6	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	55.6	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	40.7	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	14	51.9	37.8	39.1
Residents requiring restraints.	12	44.4	26.2	31.7
Confused or disoriented residents.	16	59.3	64.3	55.8
Residents with bed sores.	1	3.7	4.0	4.7
Residents receiving special skin care.	3	11.1	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTPARK OF WYNNE SKILLED

Street Address: P O BOX 1127 ARKANSAS ROWENA STS		**City and State:** WYNNE AR 72396	
Participation: MEDICAID SNF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	72.1	79.0	81.5
Dressing Residents requiring some or total assistance in dressing.	102	75.0	78.5	83.2
Toileting Residents requiring some or total assistance in toileting.	82	60.3	67.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	58.1	66.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	60.3	64.3	68.2
Residents on individually written bowel and bladder retraining program.	13	9.6	5.8	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	22.8	43.3	37.7
Completely bedfast residents.	9	6.6	4.3	3.4
Residents confined to chairs.	71	52.2	46.0	50.8
Residents requiring restraints.	32	23.5	32.3	41.3
Confused or disoriented residents.	115	84.6	62.2	58.4
Residents with bed sores.	8	5.9	5.5	7.1
Residents receiving special skin care.	6	4.4	27.5	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	26	15.8	518	5.5
Each resident is free from mental and physical abuse.	MET	9	5.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	40	24.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	43	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	1.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	9.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	49.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	37	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	9.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	17.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	56	33.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	36	21.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	56	33.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	76	46.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	48	29.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	50	30.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	10.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	18	10.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	13	7.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	36	21.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	45	27.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	24	14.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	39	23.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	48	29.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	8.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	86	52.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE CREEK MANOR

Street Address: 1011 W COGBILL	**City and State:** WYNNE AR 72396

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	34.0	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	40	40.0	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	17.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	13.0	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	21.0	57.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	10.0	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	13	13.0	37.8	39.1
Residents requiring restraints.	11	11.0	26.2	31.7
Confused or disoriented residents.	73	73.0	64.3	55.8
Residents with bed sores.	1	1.0	4.0	4.7
Residents receiving special skin care.	2	2.0	22.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION COUNTY NH

Street Address: P O BOX 309	**City and State:** YELLVILLE AR 72687

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	95.1	74.9	78.3
Dressing Residents requiring some or total assistance in dressing.	52	85.2	74.6	76.7
Toileting Residents requiring some or total assistance in toileting.	47	77.0	61.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	70.5	59.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	65.6	57.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	36.1	30.1	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	43	70.5	37.8	39.1
Residents requiring restraints.	23	37.7	26.2	31.7
Confused or disoriented residents.	44	72.1	64.3	55.8
Residents with bed sores.	2	3.3	4.0	4.7
Residents receiving special skin care.	20	32.8	22.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	8.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	16.2	198	3.6
Each resident is free from mental and physical abuse.	MET	4	5.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	24	30.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	30	37.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	1.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	2.5	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	11	13.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	23	28.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	10	12.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	28.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	38.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	15.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	26	32.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	52.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	37.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	45.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	6.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	15.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	11	13.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	10.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	29	36.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	27	33.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	10.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	56	70.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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